



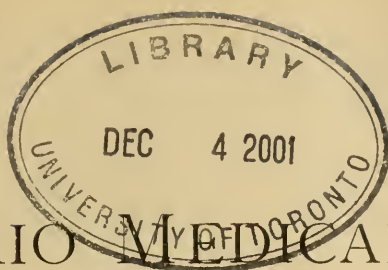


Digitized by the Internet Archive  
in 2008 with funding from  
Microsoft Corporation





SENT FREE



# ONTARIO MEDICAL JOURNAL

Vol. II

A MONTHLY REVIEW

SENT TO EVERY MEMBER OF THE PROFESSION IN CANADA, BRITISH COLUMBIA, AND  
NORTH-WEST TERRITORY, BY THE MEDICAL COUNCIL OF THE  
RESPECTIVE PROVINCES

MANAGING EDITOR - - - - R. B. ORR, M.D.

## INDEX TO VOLUME II.

AUGUST, 1893, TO JULY, 1894, INCLUSIVE

### AN EPITOME OF MEDICAL LITERATURE:—

PAGE

#### Medicine:

A case of Mastitis in a Child of four months - - -	59
A case of Scarlet Fever with Infective Endocarditis -	100
A case of Rheumatic Torticollis and Erythema Nodosum - - -	178
A case of Membranous Enteritis in a Young Child -	251
A means of Relief in Hay Fever - - -	99
A New Method for the Detection of Tubercle Bacilli in Sputum - - -	364
A new Treatment for Pertussis - - -	138
A Remarkable Case of Recovery from Poisoning by Opium - - -	292
Absorption of Salicylic Acid by the Skin and its use in Acute Rheumatism - - -	366
Anæsthesia by Cocaine deprived of its disadvantages -	254
An Unusual Cause of Renal Hæmorrhage - - -	367
Bismuth in Gastric Disease - - -	323
Bismuth in Large Doses in Chronic Gastric Catarrh -	180
Bromoform in Whooping Cough - - -	23
Caffeine-Choral in Chronic Constipation - - -	56
Cardiac Irregularities - - -	18
Case of Coincident Measles and Varicella Rashes -	24
Chlorate of Soda in the Treatment of Cancer of the Stomach - - -	291
Chloroform as an Anthelmintic - - -	138
Cholera Infantum - - -	104
Chronic Rheumatic Throat Diseases - - -	348
Constipation in Infants - - -	25
Creasote in Consumption - - -	100
Creasote Carbonate (Creosotal) - - -	103
Diabetes with Diabetic Coma in an Infant Eighteen Months old - - -	141
Diagnosis of Kidney and Heart Diseases - - -	102
Diphtheria - - -	216
Diuretic - - -	22
Duboisine - - -	180
Enchlorine in Diphtheria - - -	179
Exalgin as an Anodyne - - -	367
Facts Regarding the Bacillus Aerogenes Capsulatus -	179

### AN EPITOME OF MEDICAL LITERATURE:—Continued—

PAGE

Gastric Neurasthenia - - -	59
Gastro-Intestinal Exhaustion - - -	217
Gurnel on Effect of Cocaine on Mammary Secretion -	139
Guaiacol in Diabetes - - -	436
Guaiacol Topically in Acute Tonsillitis - - -	436
Hyperpyrexia due to Sun's Rays - - -	140
Hysterical Tremor - - -	25
Ichthyol in Erysipelas - - -	251
Ichthyosis - - -	326
Jaundice and Emotional Disturbance - - -	366
Lectures on the Conduct of Medical Life, by S. Weir Mitchell, M.D., LL.D., - - -	60
Mechanical Treatment of Chronic Rheumatism - - -	105
Melena Neonatorum - - -	434
Metastasis or Shifting Elimination as a Factor in Certain Skin Inflammation - - -	432
Morvan's Disease - - -	140
Multiloculated Pleural Effusions - - -	57
Nitrate of Strychnine in Alcoholism - - -	217
Nitro-glycerine in Sciatica - - -	324
On the Treatment of Seminal Incontinence - - -	218
On the use of Bromide of Potassium and Salicylate of Sodium in Headache - - -	320
Oxalic Acid as an Emmenagogue - - -	140
Paternal Transmissibility of Tuberculosis - - -	102
Perityphlitis - - -	436
Perrenot: Eruptions of La Grippe - - -	233
Physical Diagnosis of Biliary Calculi - - -	318
Physiological Actions of Atropine - - -	255
Pneumonia in Gout - - -	291
Protracted Anuria - - -	435
Quinine in Hæmaturia - - -	178
Relapses in Typhoid Fever - - -	432
Rheumatic and Endocarditic Complications of Mumps -	139

## AN EPITOME OF MEDICAL LITERATURE:—Continued—

PAGE

Some Peculiar Effects from large Doses of Hyoscyne in a case of Acute Alcoholism	21
The Causation of Anæmia and the Blood Changes produced by Uric Acid	139
The Clinical Application of Ingluvin	17
The Diagnosis of Croupous Pneumonia in Infants	323
The Diazo Reaction	22
The Early Diagnosis of Chronic Nephritis	106
The Etiology of Malaria	57
The External Use of Salicylic Acid	324
The Localization of Pure Word-blindness	292
The Relation of Phlegmasia Alba Dolens in Typhoid Fever to Typhoid Bacilli	433
The Therapeutic Value of Methyl Chloride	102
The Treatment of Hemoptysis	180
The Treatment of Tie-Douleureux	216
To get rid of the Odor of Iodoform	18
Torpid Circulation	253
Treatment of Biliary Lithiasis	319
Treatment of Chronic Heart-Valve Disease	255
Treatment of Chronic Gastric Ulcer	321
Treatment of Diabetes Mellitus by Feeding on Raw Pancreas and by the Subcutaneous Injection of Liquor Pancreaticus	23
Treatment of Pericarditis by Ice-bag	56
Treatment of Severe Chorea by Chloroform and Morphine	368
Tumour of the Restiform Body	323
Two cases of Cocaine Susceptibility	58
Two cases Illustrating the Difficulties in the Diagnosis of Gastric Ulcer	369
Venous Aneurysm	106
<i>Midwifery and Gynecology:</i>	
Amenorrhœa and Corpulence	68
A New Indication for Supravaginal Hysterectomy	258
Albuminuria after Labor	68
Birth in the Coffin	67
Brasseur on a Case of Conception during the Puerperal Period	67
Cure of Vaginal Fistula	31
Dilation of Cervix for Dysmenorrhœa	330
Ectopic Gestation	327
High Temperature after Labor	329
How to Ascertain a Twin Pregnancy	101
Hydrastinine in Uterine Hemorrhage	221
Hydrocele in the Female	146
Keating, John M., on Cysts of the Female Genital Tract	186
Labor and Heart Disease	328
Lewers: A Case of Symphysiotomy	259
Ludlam on the Physiological and Morbid Relations Existing between the Uterus and the Eye	117
Marriage, Dysmenorrhœa, and Hysteria	258
Menstruation in a Young Infant	370
Pregnancy after Ventrification	371
Pregnancy and Hepatic Abscess	370
Radical Cure of Prolapsus Uteri	329
Shoulder Presentation in Primipara, with Case	113
Spontaneous Rupture of the Symphysis Pubis during Labor	57
The Bi-manual Signs of Early Pregnancy	327
The Causes of Shoulder Presentation, with Report of Case	327
The Treatment of Post-partum Hemorrhage	112
Treatment of Eclampsia	328
Uncontrollable Coughing in Pregnancy	145
Unconscious Delivery	146
Use of Lime Water in Artificial Infant Feeding	145
<i>Surgery:</i>	
A Case of Spinal Bifida Successfully Treated with Iodo-Glycerine	181
A New Sign of Internal Strangulation	30
Abortive Treatment of Gonorrhœa with Oil of Cinamon	182
Abscess of the Pancreas: Operation	294
An Anomalous Case of Stone in the Bladder in a Female	369
An Improved Method of Draining the Antrum of Highmore	145
Appendicitis	65

## AN EPITOME OF MEDICAL LITERATURE:—Contd

Burns	-
Cancer of the Testicle	-
Cases Showing Power of Iyosol as an Antiseptic	-
Congenital Absence of Right Kidney and S Capsule	-
Drainage of Empyema	-
Extirpation of Aneurysms	-
Four Cases of Cerebral Tumour	-
Grafting with Pigeon Skin	-
Guaiaecol in the Treatment of Bone Tuberculosis	-
Gunshot Wound of Stomach	-
Hæmatoma of the Liver	-
How to Give a Fomentation	-
Ichthyol in Diseases of the Genito-Urinary Tract	-
Ichthyol Suppositories in the Treatment of I	-
Ingrowing Toe-nail	-
Intra-Intestinal Injection of Hot Water after Hemorrhage	-
Joint Tuberculosis	-
Occlusion of Steno's Duct by Salivary Calculi	110
Periostitis of the Jaw	255
Radical Cure of Inguinal Hernia in Children	67
Resection of the Cæcum	325
Reposition of Incarcerated Hernias with the aid of Electricity	28
Restoration of the Eyelid by Means of the Skin of a Frog	27
Surgical Treatment of Gall Stones	22
Syphilitic Spinal Paralysis	228
The Present Status of Thoracic Surgery	256
The Radical Cure of Hernia by the Implantation of Bone	107
The Role of the Posterior Urethra in Chronic Urethritis	143
The Toxin of Tetanus	29
The Treatment of Eczema of the Ear	369
Theory of Mechanism of Cerebral Injury by Contre-Comp	293
Treatment of Burns	29
Treatment of Compound Fractures	28
Treatment of Gonorrhœal Ophthalmia	256
Treatment of Tuberculous Peritonitis	144
Trephining for Cerebral Softening	29
Tuberculosis of the Prostate	109
BRITISH COLUMBIA	5, 40, 80, 120, 159, 196, 235, 271, 305, 345
BOOK NOTICES	15, 55, 98, 134, 177, 214, 249, 288, 316, 363, 428
CORRESPONDENCE	12-14, 48-54, 92-97, 128-133, 169-174, 211-213, 242-249, 286, 315, 361-363, 426-427
EDITORIALS AND EDITORIAL NOTES	1, 37, 77, 117, 155, 193, 231, 267, 303, 311, 381
MISCELLANEOUS	33, 72, 114, 148, 187, 227, 260, 295, 332, 372, 437
OBITUARIES	225, 330, 331, 430
ORIGINAL COMMUNICATIONS:—	
Bechard, D. M.D., Belle River: Eclampsia	12
Laugh, Dr. J.: Double Empyema	369
Brenner, Dr. W. W.: Pott's Disease of the Middle Region of the Spine—Its Diagnosis and Treatment	276
Burrows, P. Palmer: Treatment of Talipes Varus	11
Eggle, Dr., London: Four cases of Laparotomy	7
Edson, Cyrus M.D.: The Evils of Substitution	161
Emory, W. J. Hunter, M.D., Toronto: Floating Kidney—Nephroxy	202
Hodge, Dr., Geo.: Mistakes in Practice	347
Holmes, T. K., M.D., Chatham: The Nature of Fever, with Remarks on some of its Phenomena and on its Treatment	123
Horsley, Alfred J., M.D., M.R.C.S., Eng.: Inherited Syphilis, with Special Reference to Eye and Ear Diseases	239
Manley, Thomas H., M.D., New York: A Bloodless Operation for Hemorrhoids	200
McKinnon, Angus, M.D., Guelph: Acute General Peritonitis; Laparotomy; Recovery	81
McPhedran, Dr. A.: Diseases of the Stomach	203
Robinson, Dr., Burns and Scalds	275
Saunders, H. J., M.D., Kingston: Cholera	83
Thistle, Dr. W. B.: Eliminative and Antiseptic Treatment of Typhoid Fever	279
Walker, Holford, M.D., Toronto: Massage; Its Application in General Practice	43
Wilkinson, F. B., M.D.: A case of Cholecystotomy	241
Williams, Hadley, M.D.: Case of Gunshot Wound	161
Wingrave, Mr. Wyatt, London: The Pathological and Clinical Features of Atrophic Rhinitis	350
PERSONALS	32, 69, 114, 147, 186, 226, 259, 294, 330, 371, 430
PRINCE EDWARD ISLAND	41, 80, 121, 160, 199, 238-239, 273-274, 308, 309, 346, 381

For Table of Contents see Page 3.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, AUGUST, 1893.

[No. 1.

## *The Administration of Cod Liver Oil during the Summer Months.*

Patients suffering from chronic wasting disease, who should take COD LIVER OIL continuously, often complain that they are forced to discontinue its use during the summer months, as the natural repugnance to fats is intensified during the hot weather. In this preparation the oil is so completely masked that patients find no difficulty in continuing its use at all seasons. Referring to

### MALTINE WITH COD LIVER OIL

the *British Medical Journal* reports: "Patients who are unable to tolerate the purest and "most carefully prepared Cod Liver Oil *can readily digest and assimilate it in combination "with Maltine.* The taste of the oil is almost entirely concealed, and what suspicion "there is of it is not at all unpleasant. We recommend this preparation on the ground of "the high quality of oil used, its perfect admixture, and the diastasic value of the Maltine."

SAMPLES FREE TO MEDICAL MEN (EXCEPT EXPRESSAGE).

MALTINE MANUF'G CO., 30 Wellington St. East, Toronto.

## Carnrick's Soluble Food.

Chemical Constituents almost Identical with Human Milk.

**Formula for Carnrick's Food.**—CARNRICK'S FOOD is composed of the solid constituents of cow's milk, of wheat (the starch being converted into soluble starch and dextrine), and sufficient milk sugar to make total percentage equal to that of human milk.

Put up in hermetically sealed cans, and (being sterilized) will keep indefinitely.

**REED & CARNRICK,**

Manufacturing Chemists,  
30 WELLINGTON ST. E., TORONTO.



# DOCTORS! . . .

---

MANY OF YOUR PATIENTS WILL REQUIRE

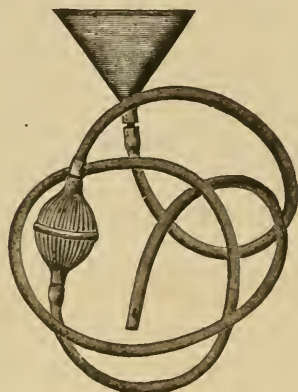
## HOT WATER BOTTLES,

Inform them that the place to purchase is located at

**12 KING STREET WEST, TORONTO.**

---

(Below, see cuts of STOMACH TUBES.)



PRICE, With Bulb	=	=	=	\$2.50 each.
“ Without Bulb	=	=	=	2.00 “

PUREST QUALITY.

---

# The Goodyear Rubber Store

**12 KING STREET WEST**

**TORONTO.**

TELEPHONE 2394.

J. H. S. KERR, Manager.

Branch of The Gutta Percha and Rubber Mfg. Co. of Toronto, Ltd.



CONTENTS.

	PAGE		PAGE
EDITORIALS:—		The Diazo Reaction—The Chances of Success in Medi-	
The JOURNAL's 2nd Volume .. .. .	1	cine—Iatrol in Dysentery—Diuretin .. .. .	22
Dr. Sangster's Letter .. .. .	1	The Treatment of Diabetes Mellitus by Feeding on	
Five Years' Course .. .. .	2	Raw Pancreas and by the Subcutaneous Injection	
Trained Nursing .. .. .	2	of Liquor Pancreaticus—Bromoforn in Whooping-	
Catheters and Bougies .. .. .	3	Cough—For Urticaria of Children .. .. .	23
EDITORIAL NOTES .. .. .	4	Case of Coincident Measles and Varicella Rashes—	
BRITISH COLUMBIA:—		Some Peculiar Effects from Large Doses of Hyoscine	
Leprosy in British Columbia .. .. .	5	in a Case of Acute Alcoholism .. .. .	24
Branch of British Medical Association .. .. .	6	Constipation in Infants—To Hasten Desquamation in	
The Registration of Midwives .. .. .	6	Scarlatina—Hysterical Tremor .. .. .	25
ORIGINAL COMMUNICATIONS:—		SURGERY: Grafting with Pigeon-skin—Gunshot Wound	
Four Cases of Laparotomy. By Dr. Eccles, London ..	7	of Stomach .. .. .	26
Treatment of Talipes Varus. By P. Palmer Burrows ..	11	Chronic Nasal Catarrh, and what the General Practi-	
CORRESPONDENCE:—		tioner can do for it—Restoration of the Eyelid by	
Dr. Sangster's Letter .. .. .	12	means of the Skin of a Frog .. .. .	27
Hamilton City Hospital .. .. .	14	Surgical Treatment of Gall Stones—Reposition of In-	
BOOK NOTICES .. .. .	15	carcerated Hernias with the Aid of Electricity—	
PAMPHLETS RECEIVED .. .. .	16	Chances—Tropacocaine in Ophthalmic Practice—	
AN EPITOME OF CURRENT MEDICAL LITERATURE:—		Treatment of Compound Fractures .. .. .	28
MEDICINE: The Clinical Application of Inghlvin—Can-		Treatment of Burns—Infantile Constipation—Trephining	
croin .. .. .	17	for Cerebral Softening—Chances of the Hands	
To Get Rid of the Odor of Iodoform—Prolapsus of the		and Fingers—The Toxin of Tetanus .. .. .	29
Umbilical Cord—Treatment of "Sunstroke"—Cardiac		A New Sign of Internal Strangulation .. .. .	30
Irregularities .. .. .	18	MIDWIFERY: Cure of Vaginal Fistula—"Spontaneous"	
The Minor Symptoms of Bright's Disease—Chest Pains		Parting of the Symphysis .. .. .	31
—The Cholera .. .. .	19	PERSONALS .. .. .	32
Aperient Pill of Sumbul: An Efficient Combination ..	20	MISCELLANEOUS:—	
Treatment of Post-Partum Hæmorrhage—Nitrogly-		Diatase of Hazen Morse .. .. .	33
cerine for Vomiting .. .. .	21	A Case of Locomotor Ataxia and Complete Paraplegia	
		Cured with Pil. Hæmatinic: of Dr. Howard .. .. .	34

✂ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

✂ Subscription \$2 per annum (outside of Ontario and British Columbia).

# PONCA COMPOUND

## UTERINE ALTERNATIVE

METRITIS • ENDO-METRITIS • SUBINVOLUTION • METRORRHAGIA • DYSMENORRHOEA • MENORRHAGIA • LEUCORRHOEA • OVARIAN NEURALGIA • PAINFUL PREGNANCY • AFTER PAINS

**FORMULA.**

Ext. PONCA 3 GRs.

Ext. MITCHELLA REPENS 1 GR.

Ext. CAULOPHYLLIN 1/2 GR.

HELONIN 1/2 GR.

YIBURNIN 1/2 GR.

**PONCA COMPOUND**

UTERINE ALTERNATIVE

**DOSE.**

ONE TABLET

AFTER EACH MEAL &

BEFORE RETIRING.

Exercises a specific alterative action on the uterine tissues, a general tonic influence on the Pelvic Organs; has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to encourage peristalsis of the bowels, and to remove spasmodic conditions,

100 TABLETS MAILED ON RECEIPT - OF \$1.00.

THOS. LEEMING & CO., 25 ST. PETER STREET MONTREAL.

# STRYCHNINE AS A SPECIFIC IN DIPSOMANIA.

DR. PORTUGALOW, of Samara, reports that he has actually cured 455 cases of Dipsomania with hypodermic injections of Strychnine.

Strychnine Nitrate	-	-	-	:	-	-	-	0.06 gramme (1 grain).
Distilled Water	-	-	-	-	-	-	-	15 grammes (1-2 fl. oz.).

For subcutaneous injection :—daily, 1-2 injections, using for each, at first, 0.5 gramme (8 minims) ; later, 0.25 gramme (4 minims).

Usually ten to sixteen injections suffice for a complete cure.

DR. W. N. JERGOLSKI also has published his experience.

The results of the treatment were truly *surprising*. Topers who had been addicted to drink for many years became endowed, as a result of the Strychnine treatment, with an *invincible repugnance* for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking  $\frac{1}{2}$ —1 liter (about 1-2 pints) and more of brandy. On the day following the first injection of 0.0015 gramme (1-40 grain) Strychnine Nitrate, he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The injections were continued, and the patient was cured.

Another case of fifteen years' standing, complicated with chronic intestinal catarrh and incontinence of urine, was cured by ten daily injections of 0.003 gramme (1-20 grain) Strychnine Nitrate, combined with the internal use of Strychnine in pills. Not only was the Dipsomania permanently cured, but the intestinal catarrh gradually disappeared, and the bladder again performed its functions normally.

Messrs. Wyeth & Bro. beg to offer this drug to the medical profession, in the form of *Hypodermic Tablets and Compressed Tablet Triturates*, as follows :

## WYETH'S HYPODERMIC TABLETS.

No. 88—Strychnine Nitrate	-	-	-	-	-	-	1-40 Grain	Per 100. .45.
No. 89—Strychnine Nitrate	-	-	-	-	-	-	1-60 Grain	.45.
No. 90—Strychnine Nitrate	-	-	-	-	-	-	1-80 Grain	.45.

## WYETH'S COMPRESSED TABLET TRITURATES.

Strychnine Nitrate	-	-	-	-	-	-	1-60 Grain	Per 500. .90.
--------------------	---	---	---	---	---	---	------------	------------------

---

**DAVIS & LAWRENCE COMPANY (LIMITED), MONTREAL,**  
**GENERAL AGENTS.**

# ARTIFICIAL LEGS AND ARMS

## WITH RUBBER FEET AND HANDS.

MARKS' PATENTS.

No child too young to apply them.

No person too old to benefit by them.

No one too distant to obtain them.

Every nation in the world has cripples. Wars, machinery, disease, and accidents deprive the Mongolian, African, Malayan, Caucasian, and American alike of their limbs.

Artificials, with Marks' Patented Rubber Feet and Hands, can be made from measurements and sent to any part of the world with the best of results assured. Over 14,000 in use

UNITED STATES INDIAN SERVICE,  
Cheyenne River Agency, Fort Bennett, S. Dakota.

MR. A. A. MARKS.

DEAR SIR,—On September 18, 1889, I performed the operation of amputation at the middle and lower third junction of the left leg on Ceca Yamni, "Peter Three Thighs," a Sioux Indian attached to this agency. He was a sufferer from necrosis of the tarsus and a complete invalid—absolutely unable to stand, to say nothing of walking. I did not succeed in getting his consent to operate until I told him about your excellent limbs—how he would be enabled to walk, run, ride, work, etc., etc., and that his deformity would be completely hidden to strangers. In due time the stump healed, and I sent you measurements for his leg. It came by express, and I immediately adjusted it. To my surprise, it fitted him perfectly, and at this writing he is going about among the Indians with as much ease and comfort as could be desired, and with the greatest satisfaction, both to myself and to himself. Inclosed is his photograph in war costume, which he sends you with his compliments.

Very respectfully,

Z. R. DANIEL, M.D., Agency Physician.

A treatise of 430 pages, with 260 illustrations, sent free of charge.

**A. A. MARKS, 701 BROADWAY, NEW YORK CITY.**

**ESTABLISHED OVER 40 YEARS.**



### "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
IT will not blow out.  
IT gives a clear white light.  
IT looks like a locomotive head light.  
IT throws all the light straight ahead, from 200 to 300 feet.  
IT burns kerosene.

Send for book.  
**R. B. DIETZ CO.,**  
60 Laight Street, N. Y.

ON account of Canadian purchasers having to pay duty, we will sell single lamps to them at the lowest wholesale price.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

**GEO. W. COOLEY, 567 Yonge St., Toronto,**

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskeys for Invalids a Specialty.

**COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.**



FOR  
**Dysentery and Diarrhoea**

OF CHILDREN

**R** **Iatrol** - gr. v.  
**Warm Water** qt. j.

Inject into bowel every four hours until improvement is noted

**Dr. J. H. Sackrider**, of *East Randolph, N. Y.*, says: "The first case in which I used Iatrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use **Iatrol** in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in *very warm* water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

**CLINTON PHARMACEUTICAL CO.**  
Manufacturing Chemists **Syracuse, N. Y.**

CANADIAN BRANCH: BELLEVILLE, ONT. :- P. O. BOX 84.

**PIL: HÆMATINIC:**

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of **PIL: HÆMATINIC:** (Howard's) in all cases of **LOWERED VITALITY.**

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,  
BROCKVILLE, Ont.

**The College of Physicians and Surgeons of Ontario.**

**SEPTEMBER EXAMINATIONS, 1893,**

**TO BE HELD IN TORONTO.**

The PRIMARY and FINAL EXAMINATIONS commence on **Tuesday, the 12th of September, 1893,** in Toronto, at 9.30 a.m.

By Order,

**R. A. PYNE,**

REGISTRAR, TORONTO, ONT.

N.B.—Candidates' application forms may be had on application to the Registrar. The application is to be properly filled out, declaration executed, and delivered into the hands of the Registrar, accompanied by the tickets and certificates and Treasurer's receipts, not later than the **6th of September, 1893.** All candidates for final examination are required to present their primary tickets and certificates with certificate of registration as a matriculate at the same time.

The Treasurer's address is, **DR. W. T. AIKINS, 280 Jarvis Street, Toronto.**



# PERFECTION ATTAINED!

## ::: DR. C. L. COULTER'S :::

# COMBINED VAPORIZER AND INHALER

## :: THE CHAMPION VOLATILIZER ::

A New Instrument for Vaporizing Oils and Drugs for Inhalation, as well as for  
Disinfecting and Deodorizing Sick Rooms,

Hospitals, Public Buildings, Railway Carriages, &c.; also an Odorizer for  
Perfuming Parlours, Opera Houses, &c.

Excels all other Inhalers as it reduces Drugs and Oils to a Gaseous State, in which condition only can they reach directly the cavities and air passages to be medicated, thus proving beneficial in the treatment of **DISEASES OF THE NOSE, THROAT AND LUNGS**, such as Consumption, Bronchitis, Asthma, Whooping Cough, Croup, Diphtheria, Catarrh, La Grippe and Hay Fever.

Beechwood, Creasote, Oil of Southern Pine Needles and Eucalyptus Oil, of each equal parts, vaporized and inhaled, affords wonderful benefit in Phthisis.

### ADVANTAGES:

1. A non-irritating, thoroughly medicated vapour is obtained by reason of the reservoir containing the medicated sponge being placed on the inhaling tube at a distance of 8 or 10 inches from the boiling water, and complete volatilization is effected of the drugs to be inhaled, thus ensuring their reaching directly the part to be medicated. Other so-called vaporizers are only atomizers or sprays, breaking the drug into fluid particles which are not diffusible and therefore too heavy to be inspired.

2. By vaporizing antiseptics, it quickly sterilizes the atmosphere in cases of infectious diseases, thereby reducing to a minimum the danger of contracting Diphtheria, Scarlet Fever, Cholera, etc.

3. It is simple, durable, convenient of manipulation, and absolutely proof against explosion or fire, as a perfect safety lamp accompanies every instrument.

4. The price is a great desideratum, being only about half that of any other vaporizer, volatilizer or inhaler that claims any merit.

It is the only volatilizer that is unanimously endorsed and recommended by medical men, sanitarians and chemists, amongst whom are the following:

- W. B. Geikie, M.D., C.M., D.C.L.**, Fellow Royal College Surgeons, Edinburgh; L.R.C.P., London; Dean Trinity Medical College, Toronto.  
**H. C. Wood, M.D., LL.D.**, Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania.  
**G. Sterling Ryerson, M.D., C.M., L.R.C.S.**, Edinburgh; Professor of Ophthalmology and Otolaryngology, Trinity Medical College, Toronto.  
**N. A. Powell, M.D.**, Lecturer on Surgical Appliances and Demonstrator of Anatomy, Trinity Medical College; also Lecturer on Practice of Surgery, Women's Medical College, Toronto.  
**Wm. Porter, M.D.**, Professor of Diseases of the Chest, Laryngology and Clinical Medicine, St. Louis College of Physicians and Surgeons; Consulting Physician to the Throat and Chest Department of the City Hospital, etc.  
**C. O'Reilly, M.D.**, Medical Superintendent Toronto General Hospital.  
**G. R. McDonagh, M.D., L.R.C.P.**, London; Instructor of Laryngology and Rhinology, University of Toronto.  
**Charles Denison, M.D.**, Professor of Diseases of the Chest and Climatology, University of Denver, Colorado.  
**Frederick W. Strange, M.R.C.S.**, Eng.; Toronto.  
**Sir James Grant, M.D.**, Ottawa.  
**F. Lydston Newman, M.D.**, Lecturer Materia Medica, Detroit College of Medicine.  
**Cyrus Edson, M.D.**, President of the Board of Pharmacy, City and County of New York.  
**Norman Allen, M.D., C.M., M.R.C.S.**, Eng.; Medical Health Officer, Toronto.  
**O. R. Avison, M.D.**, Demonstrator of Materia Medica and Pharmacy, Medical Faculty of Toronto University; Professor of Materia Medica and Botany, Ontario College of Pharmacy.  
**J. T. Fotheringham, M.B., M.D., C.M.**, Professor of Microscopy and Materia Medica, Ontario College of Pharmacy, Toronto.  
**Chas. F. Heebner, Ph.G.**, Professor of Pharmacy and Director of the Pharmacal Laboratory, Ontario College of Pharmacy. Formerly Instructor of Pharmacy at the College of Pharmacy of the City of New York.  
**Moreau R. Brown, M.D.**, Lecturer on Laryngology and Rhinology, Chicago Polyclinic.  
**Elsen Bockius, M.S., M.D., LL.B.**, late Professor of Medical Law, College of Physicians and Surgeons, Chicago.  
 By order of the Surgeon-General of the United States Army, Dr. Coulter's Combined Vaporizers and Inhalers are in use in the United States Army-Post Hospitals. None Genuine unless stamped—"DR. COULTER'S VAPORIZER AND INHALER."  
 Descriptive Pamphlet with Testimonials on application. For sale at all the leading Drug Stores and Surgical Instrument Houses, or write direct to

## The Coulter Vaporizer Manufacturing Co.

MANUFACTURERS FOR THE DOMINION OF CANADA.

SOUTH-EAST COR. KING AND BAY STREETS (ENTRANCE, 93 BAY STREET), TORONTO, ONTARIO.



Made of Copper and Brass,  
Nickel-plated. It has no  
Glass tubes, no Valves to  
get out of order.

Perfumer  
and Deodorizer  
Attachment.

Price, \$5.50

with Perfumer and  
Deodorizer attachment

PRICE, \$5.00

TO PHYSICIANS.

# Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1893-94.**

The REGULAR SESSION begins on Monday, September 25, 1893, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 26, 1894, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,  
Bellevue Hospital Medical College,  
Foot of East 26th Street, New York City.

# Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. Lusk, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.,  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

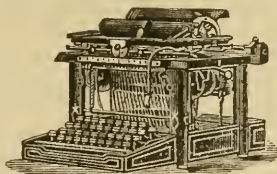
THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

For further information apply to

CHARLES FORD, Superintendent,  
314 Broome St., New York City.

Special instruction upon the manikin given by the attending physicians.

1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.

👉 MACHINES RENTED. - OPERATORS SUPPLIED. 👈

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, TORONTO.

# Canadian Medical Association

TWENTY-SIXTH ANNUAL MEETING • WEDNESDAY <sup>and</sup> THURSDAY,  
20th and 21st Sept., 1893.

The Twenty-Sixth Annual Meeting of the Canadian Medical Association will be held in  
LONDON, ONT., on

Wednesday and Thursday, 20th and 21st September, 1893.

Members desirous of reading papers or presenting cases will kindly communicate with the Secretary, as to title of paper or nature of case, as early as possible.

Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby members and delegates may obtain Return Tickets for one fare and one-third.

Members and delegates will please bear in mind that Certificates entitling them to reduced rates *are to be obtained from the Station Agent at the place of departure*; one full fare is to be paid, and upon presentation of the Certificate on the return journey, a ticket will be issued at one-third of full fare.

Members who may visit Chicago at this time have the privilege of remaining over at London.

CHAS. SHEARD, President,  
TORONTO.

H. S. BIRKETT, General Secretary,  
123 Stanley Street, MONTREAL.

## LE PAGE'S HYPOPHOSPHITES Syr. Comp. Improved.

ESTABLISHED 1885.

THIS Syrup contains the Hypophosphites of Iron, Quinine, Strychnia, Manganese, Lime and Potash, combined in an agreeable and palatable syrup, acceptable to the stomach, and comprises all the elements essential to the animal organization known to science. It will be found a very valuable remedy in the treatment of

Pulmonary Tuberculosis, Bronchial Affections, and all Affections of the Respiratory Organs, also in Debilitating and Nervous Diseases.

This preparation being prompt in its stimulating action, entering into the circulation, promotes digestion and assimilation and removes depression and melancholy, hence its great value in mental and nervous diseases.

In ordering, **Please Specify Le Page's.** Price: Small size, 50c.; Large Bottles, \$1.00. Also in 80 oz. Winchester for dispensing.

**OFFICE, 18 FRONT ST. WEST, TORONTO.**



# DR. WILLIAM A. HAMMOND'S PRIVATE = HOSPITAL



—FOR—  
DISEASES

OF THE

## NERVOUS SYSTEM

WASHINGTON, D. C.

The Hospital is situated on Columbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington. The soil is dry and all the surroundings are free from noxious influences. The Fourteenth-street cable cars run almost to the door. The building is very large, and in its construction every sanitary requirement has been fulfilled. The number of patients is limited to twenty. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable. The building is heated throughout by steam. For further information DR. HAMMOND can be addressed at the

Hospital, 14th St., and Sheridan Ave., Washington, D.C.

## Ireland's Breakfast Cereals

are acknowledged to be the perfection of

## CEREAL FOODS

By our process of manufacturing and preparing these foods, the starch in the grain is mostly changed into Dextrine, rendering them easy of digestion and very

Palatable, Delicious, Healthful, Nourishing.

They are trade-marked

“Our National Foods,”

And put up *only in packages*. For sale by leading Grocers throughout the Dominion.

**DESICCATED WHEAT,**

**DESICCATED ROLLED WHEAT,**

**DESICCATED ROLLED OATS,**

**DESICCATED ROLLED BARLEY,**

**GLUTEN FLOUR, ETC.**

— MANUFACTURED BY —

**The Ireland National Food Co. (Ltd.),**  
= TORONTO. =

## St. Leon Springs Water.

DR. SEVERIN LACHAPELLE, Editor-in-Chief of the *Journal d'Hygiène*, in two well written articles, recently published on the virtues of the

### CELEBRATED ST. LEON WATER,

gives a very careful analysis thereof, and he states the various diseases for which this Water is positively efficacious; amongst others Dyspepsia, Scrofula, Rheumatism, Hemorrhoids, Liver, Kidney and skin diseases. He says this Water, drank habitually, is the most powerful agent in destroying the germs of Rheumatism which undermines the constitution. In cases of Typhoid Fever, St. Leon Water is the basis of treatment.

### ANALYSIS.

Chloride of Sodium .....	677.4782	grains
“ “ Potassium .....	13.6170	“
“ “ Lithium .....	1.6147	“
“ “ Barium .....	.6099	“
“ “ Strontium .....	.5070	“
“ “ Calcium .....	3.3338	“
“ “ Magnesium .....	59.0039	“
Iodide of Sodium .....	.2479	“
Bromide of Sodium .....	.8108	“
Sulphate of Lime .....	.0694	“
Phosphate of Soda .....	.1690	“
Bi-Carbonate of Lime .....	29.4405	“
“ “ Magnesia .....	82.1280	“
“ “ Iron .....	.6856	“
Alumina .....	.5830	“
Silica .....	1.3694	“
Density .....	1.0118	“

I hereby certify that I have analyzed a sample of “St. Leon Water,” taken from the bulk from the store cellars in Montreal, and I am able to confirm the general result of the analysis published by Dr. T. Sterry Hunt, F.R.S., published in the report of the Geological survey, 1363; also the analysis of Prof. C. F. Chandler, of Columbia College, New York, made in 1876. (Signed.) JOHN BAKER EDWARDS, Ph.D., D.C.S., F.C.S., and ex-Professor of Chemistry and Public Analyst.



# Canadian Medical Practice and Partnership Office.

J. E. WHITE, M.B., M.D., Toronto University; M. C. P. & S., Ontario. Office Hours—8-10.30 a.m.; 1-3.30 p.m.; 7-9 p.m. 135 Carlton Street, Toronto. Telephone No. 3370.

## ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

- A—Practice and drug business, large Western town, netting \$1,000 a year.
- B—Practice and property in Eastern town for sale, cost of property.
- C—Splendid practice, Eastern manufacturing town, price of property all required.
- D—\$3,000 practice, North-western town in Ontario, with exceptional appointments and handsome residence; retiring.
- E—Village practice, East of Toronto, splendid roads, netting about \$2,500. No opposition; less than cost of property.
- F—Leading Practice, with residence and full equipment, Western town; owner retiring.
- G—\$4,000 practice with residence, in Eastern manufacturing city; cost of residence; good introduction.
- H—Village practice and residence, \$2,000 a year; cost of property; county of York.
- I—Fine village and country practice, nearly \$2,000 a year; long established; only one other practitioner. Sell or lease property and practice for five years.
- J—Partnership in practice, nearly \$5,000 with M.R.C.S. in Western town, offers half interest for \$1,200—half cash—to first-class man.
- K—Splendid practice in best manufacturing town in Ontario, official posts, transferable; practice entirely among the best paying class. \$3,500 practice and good house, small bonus only required: sell or lease. No better opening could be desired on such easy terms.
- L—Village practice, Eastern, \$2,000 a year. Active young Presbyterian may obtain succession and introduction for \$250. Incumbent retiring wealthy, and only asks above sum for introduction.
- M—Capital village and rich country practice, in Northern county, can be transferred with lease of residence for five years for \$500 a year; or purchase any time successor wishes during lease.
- N—Unopposed practice, Western village, good field, good roads, long established. Residence and good introduction to over \$2,000 practice for cost of house and office. Terms, \$2,250, half cash when satisfied.
- O—Unopposed, \$2,300 practice, Western village, well established; Health Officer, and Insurance Companies and Societies; good roads; \$500 any time during introduction. Successor may lease or buy house and office when he chooses on satisfactory terms.
- P—Unopposed practice in richest county of Ontario, population 300, and nearest confrere eight miles away; large field; long established; made competence. Will sell property and practice and give good introduction to good, active successor on very easy terms with cash bonus of \$500.
- Q—Unopposed practice, Lake Erie district, lovely country, wealthy people. Income, \$1,500 a year. Will sell fine house and good introduction for \$1,100, cost \$1,300; ill health preventing night work. Active young man could make over \$2,000 the second year. \$500 cash, balance any terms.
- R—Leading practice and residence in good manufacturing town, West; income over \$4,000. Only \$2,500 cash on price of property; six months introduction; one-third of introduction income goes to successor. Admirable chance for a first-class experienced operating surgeon to make a reputation and fortune.
- S—Best practice in rich country town, \$2,500 a year, with appointments of M. H. Officer and several best Insurance Companies. No property nor equipment to buy. Bonus for succession, including office, drugs, etc., \$500. Good introduction; splendid roads; cheap living; best of pay.
- T—Good \$2,000 practice in village in rich county of York, with lease for five years of property to purchase then or before as desired. Cash bonus, \$1,000, applied on purchase of property, payable half down, balance end of introduction. Good appointments.
- U—Fine unopposed practice in Western county, netting almost \$3,000 a year; splendid field, no doctor within eight miles. Residence and introduction to this splendid practice, where incumbent has made fortune in eight years. Only \$4,000. All the cash required is \$4,000, payable any time during introduction.
- V—Elegant property and practice in large manufacturing city West; income over \$5,000; select clientele, best families and connection, influential appointments. To experienced country practitioner having a few thousands and desiring freedom from hard, long driving, no better chance could present itself. Incumbent retiring wealthy.
- W—Comfortable practice in Hamilton, of about \$2,000, may be secured on very reasonable terms. The residence and office are well located, and may be bought or leased by successor. To one having foreign experience, or desiring good German practice, or withdrawing from country to city practice, this presents exceptional advantages. Incumbent accepting a partnership.
- X—Gentleman having practice and property in a leading manufacturing and railway centre of about 5,000 population, desires a successor with surgical leanings, and would sell, lease or exchange his residence with country physician wishing city practice. Best opening in Ontario for a good surgeon; about twenty factories and machine shops.
- Y—Choice unopposed practice in county of Grey, netting about \$2,000; splendid pay; large field; property and equipment very easy terms. Active young Presbyterian or Methodist with \$1,000 at command could not find a better money-making place.
- Z—Five good openings, unopposed, where gentlemen have made from \$1,000 to \$2,000 a year, and bought town or city practices with their few years' savings. The choice of them to be had for \$100, payable when satisfied.

## TORONTO PRACTICES AND PROPERTIES.

- 1.—Medical Superintendent wanted for Private Hospital, having outside practice \$3,000 a year; accommodation for fifteen patients at \$25 a week. Obstetrical cases over 100 yearly. Admirable conveniences and location. Income from hospital \$3,000 over expenses. Full equipment cost \$2,500. Applicants must be experienced, in good standing, and command \$2,500. No objection to two applicants joining in the management.
- 2.—Physician's residence for sale or lease, corner, built with operating and consulting rooms; much below cost. Should do \$3,000 a year, with family influence secured.
- 3.—Good \$2,000 practice, West end, main street, for rent of house. Some equipment and introduction for bonus of \$250. Capital locality.
- 4.—Three or four active young medical men, to introduce to the profession throughout Ontario the "Wilkinson Truss." Direct applications or call personally, Office, Corner King and Yonge Streets. Good inducements.
- 5.—Doctor's suite of rooms, corner of main street on Belt Line, centrally located, for rent, in first-class place for rapid practice and highest fees. Only \$25 a month furnished, and good influence secured to successor.

Letters of Inquiry must enclose stamp for reply.

Address—

DR. J. E. WHITE, TORONTO.

# The Ireland Sanatorium

Out of the magnificent Red Brick Mansion on  
Bloor Street will appear next issue.

## and Electro-Medical Institute

*Opened 1st September, 1893, at 159 Bloor St. East, Toronto.*

FOR THE FIRST TIME in the medical history of Ontario, a thoroughly equipped and commodious Sanatorium has been placed at the service of the profession, that they may secure for their clientele every advantage of the curative resources of modern science, in the skilful administration of Dietetics, Electricity, Balneology, etc., without being compelled to relinquish their supervision or responsibilities.

Neither money nor thought has been spared to meet the requirements of the profession or the comfort of their patients. The buildings are extensive and commodious, admirably situated on Bloor Street East, overlooking the beautiful ravines and woods of Toronto's aristocratic suburb, Rosedale. The Belt Line Electric Cars pass the door, leading to all the Railway Stations and Hotels in the city. Steam-heating throughout, and every convenience of a first-class private residence or family home.

Toronto has been selected for its well-known hygienic superiority, its mild winters, and its delightfully cool summers.

The profession and the public are assured that the treatment adopted, of whatever specialty, in every case entrusted to the Sanatorium, will be such as they advise, and every resource of its trained and experienced staff will be at their command, based upon the most recent and acceptable scientific authority.

**Massage Treatment**—not in the haphazard, unintelligent manner so commonly seen, but its scientific application, suited to the pathological condition of each case—will form a very necessary department of the Sanatorium.

The **Weir-Mitchell System**, as now adopted and recently modified, through careful experience, will be in special hands and under special supervision.

For patients advised for Sanatorium treatment, their cases will be conducted along the line of diagnosis and treatment of the Physician who sends them, to whom the Resident Physician will make all necessary reports. For patients who do not bring their Physician's request, the Sanatorium has retained the services of a number of the most skilful and leading Practitioners of Toronto, eminent in treatment of special diseases, to consult with the Resident Physician, thus forming a staff of advisors not equalled by any private hospital or sanatorium in America.

**Electro-Galvanic Baths, Dry Galvanization and Faradization, Combined Vapor and Electric Baths**, every form of application or method suitable to every variety of disease, is at the command of the profession and public.

The **Dietetic Department** is equipped with the most perfect and scientific resources for undertaking for the profession the care and treatment of every form of disease in which the principles of Dietetics form the chief factor.

The Sanatorium possesses the right, in Canada, to use the various modifications of the **Ireland Hygienic Foods** originated and perfected by the Resident Manager, the virtues of which, in the treatment of Diabetes and allied diseases, have so thoroughly established themselves with the profession over all Canada and the United States.

In the **Department of Balneology** every mineral water of reputed and acknowledged virtue, either Canadian or foreign, will be placed at the command of the profession, and administered subject to their instructions, either for bathing, vaporizing or drinking, rendering the compulsory journeying to distant places seeking relief quite unnecessary.

In the diseases specially incident to women, all the advantages of a private hospital, where every resource of medicine or surgery will be employed for relief, and equipment of the most recent and conservative character, in the hands of experienced consultants, will be provided for every form of ailment.

The profession will perceive that the management of the Sanatorium have entered upon the duties with a full sense of their important character. In all the departments they have consulted the highest medical authorities on the best means to meet the requirements of the profession in the treatment of those cases where the difficulties are insurmountable to the ordinary busy family practitioner. They have been guided entirely by the counsel so cordially and pleasantly given.

The management feel sure of the hearty approbation of every physician acquainted with the desire and objects in opening the Sanatorium, and invite them to freely examine its admirable location, conveniences, equipment and resources in treatment which cannot be satisfactorily undertaken in private practice.

R. V. FUNNELL, M.D., C.M., University Queen's College, Kingston; M. C. P. & S., Ontario; late Medical Superintendent of Kingston Electric Institute, and Professor of Electric Therapeutics, Faculty of W. M. C., Queen's University; Licentiate N. Y. State University, Resident Medical Superintendent.

F. C. IRELAND, B.Sc., Professor of Hygiene and Director of the Ireland National Food Co., Resident Manager.

Telephone 2658.

For Terms, address Correspondence to—

R. V. FUNNELL, M.D.,

*Resident Medical Supt.*

F. C. IRELAND, B.Sc.,

*Resident Manager.*



# Arsenite of Copper for Choleraic Ailments.

**WYETH'S  
COMPRESSED  
TABLET  
TRITURATES,  
ARSENITE of COPPER.**

1-100 GRAIN.

1-150 GRAIN.

1-200 GRAIN.<sup>o</sup>

**PRICE, 50 CENTS PER  
BOTTLE OF 500.**

**W**E have received a large number of letters from physicians in all parts of the country confirming the experience of those mentioned below, in cases of Cholera Morbus, Cholera Infantum, Dysentery, Diarrhœa, and other complaints of a similar nature.

It is claimed that Copper Salts have proven valuable in all the Cholera Epidemics within the last fifty years, and medical literature affords abundant confirmation of its great value in complaints of a choleraic nature, many physicians also claiming that the Arsenite will prevent the development of those symptoms which so often lapse into Asiatic Cholera.

**JOHN WYETH & BROTHER.**

I was called to attend a lady, resident of Savannah, Ga., who is on a visit here, on Friday morning, the twenty-third instant. I found her suffering intensely from paroxysmal pains of intestinal colic attended with diarrhœa. My patient declared that she could not live another hour unless relieved. I felt sure that I could relieve her pain by giving an injection of morphia and atropia, hypodermically, but would be apt to have a nauseated patient to look after the balance of the day, so I dissolved a tablet of the Arsenite Copper (one one-hundredth grain) in four ounces of water. Gave her the first teaspoonful myself and begged her daughter to give another teaspoonful every ten minutes for the first hour, then one dose every hour after, until I called again. I went back in two hours' time and found the patient sleeping. She was relieved after taking the third dose of the Arsenite. I requested her daughter to give a dose once each hour, and left with a promise to call again that evening. I found my patient up and feeling well at eight o'clock, and so much pleased with the treatment that she wanted to put the remaining portion of the solution in a phial to carry back home with her. She says that she is subject to these attacks of colic, and was never so easily and pleasantly relieved by any other form of treatment.

C. E. DuPONT, M.D.

*Grahamville, S.C.*

**A. P. BROWN, M.D., Fort Worth, Texas, writes us in reference to the Arsenite of Copper Triturates :**

*Messrs. John Wyeth & Bro.*

GENTLEMEN,—“Bloody Flux is very prevalent here, and these Tablets, 1-100 grain to four ounces of water, surpass any other medicine we have used, in arresting this painful and dangerous disease ; its effects are simply wonderful, and it is no trouble to get a patient (even a babe) to take it. Thanks, many thanks, for your prompt reply to my requests for tablets, etc.”

Recent medical literature confirms the practical experience of Dr. A. P. Brown in the use of this remedy, in serious dysentric cases, with an additional therapeutic value in indigestion, diarrhœa, etc. ; also as an antisudoral in the night-sweats of phthisical patients.

**DAVIS & LAWRENCE Co. (LTD.),**

**GENERAL AGENTS, MONTREAL.**

# D. APPLETON & Co.

Have established a Canadian Branch Office at **63 Yonge Street, Toronto**, and are prepared to supply any of their

## MEDICAL PUBLICATIONS

promptly at New York prices, **making no extra charge for customs duty.**

*Attention is Called to*

### Appleton's Medical Library,

CONSISTING OF

*Bartholow's Practice of Medicine.*  
*Bartholow's Materia Medica and Therapeutics.*  
*Bryant's Manual of Operative Surgery.*  
*Ewald's Diseases of the Stomach.*  
*Flint's Human Physiology.*  
*Fuchs' Ophthalmology.*  
*Gerster's Rules of Aseptic and Antiseptic Surgery.*  
*Hammond's Diseases of the Nervous System.*  
*Keyes' Genito-Urinary Diseases and Syphilis.*  
*Lusk's Science and Art of Midwifery.*  
*Mathews' On the Rectum.*  
*Osler's Practice of Medicine.*  
*Shoemaker's Diseases of the Skin.*  
*Skene's Diseases of Women.*  
*Strumpell's Text-Book of Medicine.*  
*Vogel's Diseases of Children.*

SPECIAL EDITION. HALF MOROCCO BINDING.

*Sold only by Subscription.*

Morrow's System of Genito-Urinary Diseases, Syphilology and Dermatology.

Marcy's Anatomy and Surgical Treatment of Hernia.

Piffard's Diseases of the Skin.

Foster's Medical Dictionary.

Wyeth's Surgery.

### Appleton's Periodicals :

*The New York Medical Journal.*

*Journal of Cutaneous and Genito-Urinary Diseases.*

*Popular Science Monthly.*

## D. APPLETON & Co., Publishers,

1, 3 and 5 Bond St., NEW YORK.

GEO. N. MORANG,  
 Manager, Toronto Office.



# "Vinolia" Soap.

## TESTS FREE.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

WE will supply, free on application, tests for Soaps, with bona-fide reports from medical and other scientific journals, together with facts and figures, showing "VINOLIA" Soap to be the **Purest, Safest and Best** for Skin Irritation, Toilet, Nursery and Bath.

### Recommended by the Medical Profession.

*THE LANCET*, London, reports :—

"Odour delicate and an article of excellent quality."

*THE BRITISH MEDICAL JOURNAL*, London, reports :—

"Vinolia' Soap is of unquestionable excellence, and much in favour with the profession."

Floral 15c., Medical Balsamic 25c., Toilet Otto 35c. and Vestal 85c. per tablet.

Shaving Soap, 30c., 40c. and 60c. per stick; flat cakes, 50c. Vinolia Shaving Foam (in collapsible tubes) 50c., 85c. and \$1.25.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST.  
SAFEST,  
BEST.



✠ "VINOLIA" DENTIFRICE, ✠  
English, 75c., American, 50c.

**BLONDEAU & CIE., 73 AND 75 WATTS STREET, NEW YORK.**  
ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.

# SOLUBLE ELASTIC CAPSULES.

These Capsules are prepared from the finest French Gelatin by improved processes and apparatus, and are very soluble and easy to swallow.

In them physicians have a superior means for the administration of drugs possessing pungent, acrid or oily properties. They are made in the following sizes: 15 grammes, 10 grammes, 5 grammes,  $2\frac{1}{2}$  grammes, 10 minims.

Among the many methods of administering medicaments the Soluble Elastic Capsule is growing to be one of the most favored. Among those which are very much sought after are the following:

Cascara Sagrada Extract, 1, 2 and 3 grains.

Quinine Sulphate, 1 to 5 grains.

Quinine Muriate, 2 to 3 grains.

Male-Fern and Kamala. [Formula.—Oleo-Resin Male-Fern, 7 minims; Kamala, sifted, 4 grains.]

Pichi Extract, 5 grains.

Warburg's Tincture. [Each capsule represents two drachms of Warburg's Tincture in a concentrated form.]

Liquor Sedans, a utero-ovarian sedative and anodyne. [Formula.—Each fluidounce represents: Black Haw, 60 grains; Golden Seal, 60 grains, containing its chief alkaloidal constituents; Jamaica Dogwood, 30 grains; combined with aromatics.]

Santonin and Castor Oil. [Santonin,  $\frac{1}{4}$  grain; Castor Oil, 40 minims.]

*Send for complete descriptive catalogue of our Soluble Elastic Capsules giving formulæ for all contained in the list.*

## PARKE, DAVIS & CO.,

DETROIT, NEW YORK, KANSAS CITY, AND WALKERVILLE, ONT.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

*✉* All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, AUGUST, 1893.

[No. 1.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

## Editorials.

With this number the ONTARIO MEDICAL JOURNAL begins a new volume, having passed through its year of infancy and grown more sturdy and strong in the cause it was organized for. Last year we attempted and carried out, we think, judging by the expressions of good-will tendered to us, the experiment of supplying free to the Profession a good journal. Now we intend to improve, if possible, and still more serve medical men well. We have made a change in the personnel of the staff, which probably will be found an improvement, the old Associate-Editor having given up the place, and four new men put on. Our readers will also find an entire re-arrangement of matter in the JOURNAL, the "Editorials" being placed first. Following that will be found the "British Columbia News," "Original Communications," "Correspondence," "Book Reviews," "Selections" and "Personals," in order.

### DR. SANGSTER'S LETTER.

We publish in this issue a letter from Dr. J. H. Sangster, the Secretary of the erstwhile Medical Defence Association, and in doing so are glad to congratulate him on accepting our offer to have his views placed before that part of the public he is supposed to wish to reach, that is, the medical profession, through the columns of an entirely medical journal.

As will be seen, he has dared us to reproduce his letter in full, and insinuates that we will probably cut it, and only put in extracts to please ourselves. We have ventured in spite of this to make a change in the letter; it is not in composition or style, nor even in the change of a construction, but in orthography, and we plead as an excuse that we so dislike to see in print any such work from such a highly educated man, in his own opinion, as Dr. Sangster is.

The Doctor first waxes eloquent over the action of the Council in connection with the rejection of his son at the examination of 1892. He very evidently has read the reports with the jaundiced eye of a disappointed man, although, from his statements, his disappointment is not due to his son's inability to pass in examination certain subjects in medicine. We, of course, do not disbelieve him when he states that he knew nothing of his son's writing and rejection, or his subsequent application for a revision of his papers; and as for his opinion on his son's capability in the practice of medicine, it is entirely a private matter to be settled between themselves. We, however, do think he is decidedly mistaken as to the reasons for the publicity given to his son's rejection. Young Dr.(?) Sangster insinuated that his rejection was from malice, and if not that, that surely some other writer's papers had been read for his, giving the other man the advantage of his knowledge, and him the disadvantage of the other's ignorance.



On account of the peculiar construction put on the Examiner's action, the Registrar produced the papers which had been reviewed by the Council, and called in Dr. Thorburn, a professor in the school in which he had studied, to be present. An interview was held, and young Sangster was handed each paper in turn, and asked if they were his, and acknowledged them to be so. He was then shown his marks, and why he had been plucked. Hence the publicity. Our explanation is given of this circumstance, not to try and persuade the father that everything was done fairly, but simply to give the profession at large an idea of how he views all actions of the Council with a decidedly biassed mind.

The remainder of his letter is a glorification of himself and a tirade against the members of the Council. It is laughable in its virulence, and can only be put down to the condition of his mind. The bee in his bonnet hums vigorously whenever the Medical Council is thought of, and tries to sting by making uncalled-for and unreliable statements. We are glad to see that he acknowledges the back yearly subscriptions of part of the profession to be honest debts, and we must ask, after this acknowledgment, "Why are they not paid?" His remarks as to them being a mainspring of action is due simply to unguarded remarks of several prominent members of the Defence Association giving us a strong clue, and to the remarkable unanimity with which all members of that Association agree in leaving these "honest debts" unpaid.

---

#### FIVE YEARS' COURSE.

The regulation passed by the Council to the effect that all students registering after July 1st, 1892, will be required to put in a five years' course of study in medicine, will soon be in force with all. The law was changed, giving all who matriculated before November 1st of that year the same privilege. As time goes on, the force of this will be seen. The necessity of going through five years will make better students, and give a much greater chance for clinical work, thus improving the new blood in the medical profession. In former times many men, by a little struggling and presentation of school certificates, were enabled to

get through their course in a short time, but now that will be impossible.

Besides this very wholesome regulation, the standard for the matriculation has been greatly raised, thus bringing a better educated class of men into the work. The action of the Council is to be greatly admired in this work, and the professional men whom they represent should remember this in summing up their record.

---

#### TRAINED NURSING.

Of all the features that serve to mark out the present century from those of the past, none is more noteworthy than the prominence and attention given to whatever will lighten the suffering of the unfortunate, whether due to poverty, age, or disease. Man's *humanity* to man to-day far outweighs his inhumanity in these regards at least. Indeed, owing to this fact, and to the great increase of knowledge of disease due to the untiring efforts of the scientist and the skill thus obtained in rendering disease less fatal, the fear has been expressed by some that the race will degenerate, since not only will the fittest survive, but also very many from the great army of the unfit, who, in an age less humane and less skilful, perished early in the battle for life, and so happily failed to prolong their life and bequeath their weakness. Whether such a fear is called for, or whether superior knowledge and care will not rather tend to eradicate disease and ever lessen the number of the unfit we will not now discuss, but among all the agencies whose object is the preventing and alleviating the ills of the flesh, that of skilled nursing deserves a first place. How many a life is made one of weakness and misery, owing to lack of proper care during its first few weeks! How many an acute disease, instead of clearing away, lingers on in chronic form for the remainder of a shortened lifetime, owing to lack of the care a skilled nurse can give! And by skilled nursing we mean that which is to be gained in a properly conducted training-school for nurses. Natural gift will do much in supplying the lack of a school-training, but can never take its place. As in other professions a special training is required. In order to successful work, the work must be intelligible to the worker, and, in nursing, this entails a considerable knowledge of anatomy,

physiology, disease and its modes of action, and therapeutics, only to be acquired in a school. Then the skill in performing in the best way all the duties of a nurse, can only be acquired by practice in the wards of a hospital under the eye of one who has such skill. Again, what we might call the ethics of the profession, and which are of the utmost importance, are best learned under the discipline of a school. The spirit of obedience to the physician should pervade the nurse's whole work. No theories of her own may stand in the way. Her duty is to carry out the instructions she receives. On the other hand the physician must be loyal to the nurse and do everything that will strengthen the confidence of the patient in her if deserved. Other great lessons to be learned are forgetfulness of self, willingness to do whatever is necessary, courage to perform duty in spite of protest of patient or family, to be strong and at the same time kind, to be ever watchful, to preserve a happy and hopeful demeanor even in the face of discouragement. In truth, to be the ideal nurse requires the ideal woman, and to truly fill so high and noble a sphere demands all the best gifts of nature and all the best training of the schools.

#### CATHETERS AND BOUGIES.

In a recent issue of the *N. Y. Medical Journal*, there appeared some "notes on American catheters and bougies," by Dr. S. W. S. Gouley, and we thought that some of the information therein contained would prove of interest to our readers. After a brief history of the use of the catheter he goes on to state that the manufacture of this article in the United States is of comparatively recent origin. The material used for the frame-work of American web-catheters are cotton, flax, ramie and silk; the labour of weaving the cylinders is nearly the same in all qualities of web catheters, and the same varnishes are used for coating the different grades. The eye in the higher grades of catheters is woven, while in the lower ones it is punched. The American (Tiemann's) India-rubber instruments are superior to those of foreign importation in the construction of the eye, in the high polish of their surface, and in the smoothness of their interior. He then mentions some of the properties of good web catheters. (1) They should be highly polished

and coated with varnish both inside and out. The varnish, which is pliable, is not apt to crack, and should resist the action of moist heat up to 212° F. (2) Their length does not exceed thirty-three centimetres (thirteen inches). (3) Their diameter is from two to nine millimetres. (4) The point is smooth and rounded, and the single oval eye is about one centimetre from it. In curved, elbowed, and double-elbowed catheters this eye is usually lateral. In some of them the vesical end is open for catheterism upon a whalebone conductor, and we have seen some useful instruments of this pattern for passing over a catgut conductor. (5) They are firm but pliable, never rigid from end to end. (6) The best American silk-web catheter has, by actual experiment, a tensile strength of 115 pounds, without breaking, though the varnish was stripped off during the trial.

A catheter that is to be retained in the bladder should not be too thickly coated with varnish. The lisle-thread, silken-linen, and those silk catheters with a thin external coating, resist longer the action of urine and, even after being retained for forty-eight hours, do not lose their smoothness.

The ordinary "ten cent" commercial catheter may be used for a single day, and thrown away; or "it may be repeatedly boiled without injury, and used as long as the surface of the instrument retains its smoothness."

Then as to the care of catheters: (1) Web catheters should not be coiled, but kept at full length. (2) They should be loosely wrapped in *dry* antiseptic gauze, and preserved in a metal case with a well fitting top. It is hardly necessary to add that after using they should be carefully cleansed, dried inside and out, and replaced in the gauze and case. (3) Soft rubber instruments too should be kept at full length in *moist* antiseptic gauze preserved in tightly corked glass tubes. Exposure to the air leads to rapid oxidation, which causes the instruments to become hard and brittle. (4) Preparatory to using a rubber or a web catheter, it should be immersed for a minute in a 1% carbolic acid solution. If it be left too long the carbolic acid acts injuriously upon the rubber of the one and the varnish of the other. The web catheter may be gently warmed by friction with the hands before using; this prevents cracking of the varnish. (5) These instruments are much injured

by fats of all kinds, by glycerine, saliva, and by vaseline, the last, however, being perhaps the least hurtful of all. The following directions are given for the preparation of a non-injurious lubricant: Pour *two fluid-ounces of water* into a tarred capsule, heat the water to boiling and add *360 grains of white castile soap* (powdered). Continue the heat and stir until a homogeneous jelly is produced, then add enough hot water to make the contents of the capsule weigh two troy ounces and a half (1,200 grains), after which strain the mixture through cotton gauze. After this pour in *half a fluid-ounce of tincture of quillaja* (1 in 5). The mixture, when cool, has the consistence of thick honey. (6) When instruments show signs of hardening, they should be discarded.

American web-bougies are of the same grades, for they are made of the same material as catheters. A cotton olivary bougie, made by the Lee Company, is recommended as the best for general use. It is solid, slender in the first three inches of its shaft, and consists of a number of layers braided one upon another, and coated with the same varnishes as the catheters, but it is distinguished from other bougies by its vermilion color. It has no ivory tip, is completely coated, and therefore rendered easily aseptic.

In conclusion, a few remarks may be made upon whalebone bougies: They are of two kinds, the one, olivary pointed and elbowed, about one millimetre in diameter, to serve as conductors for larger instruments; the other also olivary pointed and not over a millimetre in diameter for the first three inches, but increasing gradually so that at five inches they are equal to Nos. 2, 3, 4, 5, 6 and 7 English scale. These bougies should be preserved in metal tubes, and coated with carbolized vaseline.

---

#### EDITORIAL NOTES.

The general health of the city of Toronto must be a matter of great congratulation to the inhabitants. Only an odd case of infectious fever, such as measles and scarlatina; practically no diphtheria and no typhoid. Something certainly has turned a scale here, and if sanitation has any force, great thanks should be given to the City Engineer for improving our water system, and to the Medical Health Officer for his work in all other particulars.

The stock formerly held by the Johnston & Johnston Co., of King Street west, has been purchased by S. B. Chandler & Son. They are henceforth going to carry on a trade in Druggists' Sundries and Specialties, and will, we presume, be able to supply the profession with any lines needed. This will be found a boon to all, as a line of this kind is often of great use, especially when carried on in conjunction with their large surgical supply.

---

The time-table for the examinations of the College of Physicians and Surgeons is out, and will naturally be anxiously scanned by eyes of would-be practitioners. In the list we notice the change of two examiners: Dr. R. W. Garrett having replaced Dr. Saunders in Theory and Practice of Medicine, and Dr. Ogden Jones, of this city, Dr. Hearn. The written examinations continue from September 12th to 19th inclusive, and the orals start on the latter date.

---

Our warning in a couple of issues ago with regard to cholera has been amply justified by the occurrence of quite a number of cases in quarantine in New York. It has been well kept under, and the actions of Dr. Jenkins, the medical officer, are to be admired. The almost panic of last year, over a condition of affairs not a bit more serious, compares very unfavourably with the quietness and even-handedness with which things are being carried out now.

---

Electricity is being carried to a very high pitch in these modern days, and has in many ways become of great advantage in the realms of medicine. We have the easy and seemingly satisfactory method of examination of the bladder and any cavities of the body that can be got at from the outside by the endoscope, the use of the cautery, and many like appliances, and now there seems some probability of a very strong advance. Prominent electricians claim that in a short time an apparatus will be perfected by which the internal parts of the body can be examined. Truly we are rising in the scale, and by the beginning of the twentieth century it will be very hard to say where we will be.



## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

### LEPROSY IN BRITISH COLUMBIA.

We have a leper colony in this province on Darcy Island in the Gulf of Georgia. It contains at the present time some eight inhabitants, all of whom, with one exception, are Chinese. The exception is a white man who was formerly a logger or lumberman in the dense forests of fir which skirt the coast line of British Columbia up to the Skeena River. Some eighteen months ago, the Associate Editor of this journal and Dr. Bell-Irving, of Vancouver, made an official visit to the leper colony for the purpose of examining one of the inhabitants who had been sent from New York to Vancouver, and foisted by the C.P.R. on the people of that city, for the reason that he was refused admission on board one of the Empress line of steamers to Hong Kong, because the surgeon of the steamer detected signs of leprosy on him. The lepers of this province are supported by the two cities, Victoria and Vancouver; the former having to look after seven, and the latter only one of the number. We do not think it is right that these two cities should be saddled with the expense of the maintenance if these unfortunates when the Dominion Government provides an asylum in Tracadie for lepers in the eastern provinces. In the case of the Vancouver leper, it is manifestly unjust, inasmuch as he was booked as a passenger from New York, over the Canadian Pacific Railway, to Hong Kong, and from that point was going to Canton, in the neighbourhood of which city his wife and family are now living. Why should the city of Vancouver be charged with the expense of keeping him in a lazaretto? But the day is probably not far distant when the rigid segregation which is now practised may be abolished altogether. From an article which appeared recently in the *British Medical Journal*, in which quotations are given from the report of the leprosy commissioner in India, it appears that there is a good deal of doubt as to whether leprosy is a contagious disease at all, or at least to any practically dangerous extent. To quote the

words of the article in the *British Medical Journal*: "The commissioners express their belief that neither compulsory nor voluntary segregation would at present effectually stamp out the disease, or even markedly diminish the leper population under the circumstances of life in India." When such great authorities as Sir Dyce Duckworth and Wm. Jonathan Hutchinson deprecate the theory of contagion and disapprove of compulsory segregation, it is time that the rank and file of the profession should pause and reflect seriously on the situation. It is true that other equally eminent authorities, such as Mr. Curzon, Mr. Clifford, Dr. Heron and Mr. Macnamara, hold different opinions and believe in segregation and contagion; and a contingent of medical practitioners in South Africa is equally strong in the same direction. Dr. Hunsen, of Norway, has made leprosy the study of his life, and, assisted by the Government, has had the best opportunities of observing the disease in that country where it has been endemic for many years. He has come to the conclusion that it is a contagious disease, though non-hereditary. The question may therefore be looked upon as an open one at present, though the fact that the disease is communicated in some way is notorious, as it continues to be propagated from one individual and from one generation to another. In eastern countries from time immemorial it has been looked upon as a contagious disease, and in China to-day the leper is driven beyond the pale of society, and forced to live like a wild beast in the desert places far away from the haunts of his fellow-creatures. We have seen a whole colony of them in China in the neighbourhood of Kowloon, on the sand hills overlooking the bay, but as the weather is warm there all the year round, they probably suffered very little inconvenience, as they can live on fish and whatever they can pick by way of charity. Readers of "Ben Hur" know the horror in which they were held by the inhabitants of Jerusalem, and though the Jewish knowledge of pathology was not very extensive, their treatment of these unfortunate people shows that there was a popular belief that the disease was contagious. In British Columbia we know of no cases where the disease has been communicated by contact, as the history of the patients is obscure, the disease being

mostly amongst the Chinese population. When the white man became affected, and how, or what may be his history, we know not, as we have never seen him. The discussion that is now going on in England and in various parts of the world on this disease is very interesting to us out here where it at present exists, and from the position in which we occupy as regards the Orient where leprosy is always prevalent, it is of practical importance, inasmuch as the citizens of Vancouver or Victoria have to pay for their maintenance.

#### BRANCH OF BRITISH MEDICAL ASSOCIATION.

A branch of the above-named association was formed for British Columbia at a meeting of some of the leading practitioners of the Province, in Victoria, on June 7th, 1893. The following officers were elected: President, J. S. Helmcken, M.R.C.S., etc.; Vice-President, J. C. Davie, M.D.; Hon. Secretary, Edward Hassell, M.R.C.S., etc.; Hon. Treasurer, M. Wade, M.D. Council: Drs. A. E. Praeger, Nanaimo; G. D. Johnson, A. H. Thomas, W. D. Brydon-Jack, Vancouver, and E. B. Hanington, Victoria.

#### THE REGISTRATION OF MIDWIVES.

The evidence adduced at a recent meeting of a Select Committee of the Imperial House of Commons with reference to the registration of midwives in England is of interest to the profession in this province, where, though there is a strict Medical Act in force, it is yet defective in this particular, that it contains no clause prohibiting the practice of midwifery by any person whatsoever who wishes to engage in it. At the time the present Medical Act was passed, midwifery was included with medicine and surgery in the prohibitory clauses, but when the bill was brought before the Legislature that part of it was thrown out, as it was held by some of the sapient legislators of that period, that, in consequence of the scarcity of physicians in some of the remote parts of the interior of the province, many women would suffer if unqualified midwives were not allowed to attend them. This kind of an argument, absurd as it was, proved sufficient, and the whole bill would have been killed if the profession had not given way and accepted the re-

mainder, on the ground that half a loaf is better than none. There seems to be an opinion prevalent, even among the members of the Provincial Legislature out here, that such an Act as the Medical Act is made for the exclusive benefit of the physicians, and while they are willing to help them out by giving them the exclusive control of medicine and surgery, by way of an offset for this favour, they leave midwifery open to public competition, as if it was something any ignoramus, mule or female could dabble in with impunity. That such is an erroneous opinion it is not, of course, necessary to tell the medical profession, but that it is the opinion of the public seems to be a fair conclusion from the premises.

The result of this practice by ignorant persons is very often disastrous to the lives of the unfortunate victims, who, from one motive or another, employ unqualified midwives, and many of those who escape immediate death live lives afterwards of prolonged agony and suffering. The medical profession does not suffer in a pecuniary way from this state of affairs, for the operation rooms of our specialists are full of those who have run the gauntlet and have escaped with their lives, though at the expense of displacements and lacerations. When they (the midwives) get a severe case, they hang on to it till the patient in many cases becomes moribund, when they flee in terror and then throw the blame of the woman's death on the doctor who has been called in to see her breathe her last. One of the reasons why they are employed is that they are cheap. A poor workingman, who only earns a couple of dollars per day, feels often indisposed to give five and twenty dollars to a practitioner who is qualified, when he can get the same work done as well, as he thinks, for probably one-third of the sum, and the nursing thrown in for a trifle more. Sometimes it is all right, but often it is not. In the old time, when white women were few and money plentiful, it made very little difference as to what the law was on the subject, as every lady in her confinement obtained the very best skill, in her estimation, regardless of expense; but now the case is different—the patients are plentiful, but the money to pay for attendance is rather deficient. It would therefore be well for our legislators to include midwifery in the Medical Act, in order to protect a valued part of the public

—the mothers of the land—who cannot protect themselves, and who imagine, in many cases, that their misfortunes are irremediable and beyond the control of their fellow-beings.

---

### Original Communications.

---

#### FOUR CASES OF LAPAROTOMY.\*

BY DR. ECCLES, OF LONDON.

*Mr. President and Gentlemen,*—Your genial and efficient secretary wrote me early in March, asking if I would write a paper for the April or July meeting, and throwing in a parenthetical clause, “that would be helpful to the general practitioner.” That expression gives me the opportunity to preface my paper with a few remarks, giving expression to my opinion in reference to specialties generally. In the first place, all of you are designated as specialists. Perhaps you do not know it best were I to travel “Incog” throughout the various townships of your counties, and partake of the hospitalities of many of your patients in farm houses—a hospitality phenomenal—so unbounded, so cordial, and at the drinking of a second cup of the delicious beverage, were I to interrogate the maternal head of the house, who knows more about the successes and failures of a dozen medical men, in various diseases, than the honoured head of this association, I would get some such an answer: “I would trust my life in the hands of Dr. H. in a case of inflammation of the lungs; and in typhoid fever Dr. S. has no equal in Canada, while Dr. F. is especially good in the treatment of children.” But while this may, or may not, be true, it cannot be denied but that each one of us feels within himself his ability in certain lines more than in others, and that almost unknown to himself he is, in a certain sense, a specialist.

Nothing is more common in the experience of the general practitioner than his likes and dislikes for certain classes of work. He will find himself, unconsciously it may be, displaying enthusiasm and love in certain fields, while in others, the desire, as far as he is concerned, is that they may remain untrodden.

Mr. President, my paper consists of the consideration of four consecutive cases of fibro-myoma, which came under my care last summer. They

were all intensely interesting to me, and each had a peculiarity of its own.

*Case 1.*—First seen May 14th, 1892, with the following history: E. F., aged fifty, single, house-keeper in the country. With the exception of attacks of ague several years ago, has had comparatively good health until last year—now passing through the climacteric—menstruation irregular the flow is not now so profuse as it was some months ago. She complains of pain across the back, low down, and, at times, difficulty of micturition; sometimes the water comes freely, and then suddenly stops before the bladder is emptied; at other times it dribbles away. Nothing of note in interrogating the other physiological systems.

Examination *per vaginam* revealed a swelling the size of my closed hand to the left, and in connection with the uterus; and a second swelling in the posterior wall of the uterus, occupying Douglas' *cul-de-sac*, size of uterus four inches, with diminished mobility.

On the night of the 15th I was called to see her on account of total retention of urine; the uterus and the two swellings were so pushed down in the pelvis as to obstruct the entrance to the urethra. I pushed the uterus back, and emptied the bladder, by the aid of the catheter. Diagnosis: myoma of the uterus, and galvanic treatment recommended, which was commenced on the 16th, and continued at intervals of two days, with currents from thirty to forty-five; the vagina being previously washed out with carbolic water (one per cent.). On the 29th, the patient complained of pains, and had some chilliness, and the temperature the following day went up to 103, and Dr. Meek saw her with me.

We were somewhat suspicious of the currents being the cause of the acute symptoms. The uterus was washed out twice daily with carbolized water until the temperature kept below 100, but still there was some pain in the left ovarian region.

On the 11th July I had her removed to the hospital, as there were evident signs that suppuration would take place, some boggiess in the left broad ligament; three days afterwards there was some redness of the skin, as well as unmistakable fulness in the left ovarian region, and increased indication of the formation of pus. If this had occurred on the right side, one would have to take into consideration the possibilities of appendicitis with perforation; even then, with the violent symptoms subsiding, and the inflammatory action

---

\* Read before the Huron Medical Association.



not becoming general in the peritoneal cavity, one would be justified in waiting, looking forward to the time when the wall of the abscess would not imperil the general cavity of the peritoneum.

On the 21st I injected the skin over the seat of the swelling with cocaine solution, and opened an abscess, removing about four ounces of pus, and washed out the cavity with a  $1\frac{1}{2}$  per cent. solution of carbolic acid, and put in a large drainage tube; she continued to improve so rapidly that on the 6th August she was discharged from the hospital, and not a vestige of either of the myomatous tumours were to be found. The uterus was movable; micturition was free and easy and painless. My colleague, Dr. Meek, who saw her in consultation with me on May 29th, and several times afterwards, was now asked to examine her in order to put beyond question the disappearance of both the tumours; the fact could not be gainsayed, but what the potent factor was left room for considerable difference of opinion. I believe the current produced the disappearance of the posterior tumour directly, and of the left lateral tumour indirectly. It may have produced necrosis of the tumour, indeed I believe it did, which led to suppuration, and to symptoms of septicæmia.

At one time on account of the frequency and irregularity of the pulse, as well as the marked temperature curves, my patient really was in a critical condition, and gave me much worry. The other tumour disappeared, I believe, directly from its influence. No other explanation can I offer. The facts I have put before you; you must each put your own interpretation on them. This patient has remained quite well ever since.

*Case 2.*—Mrs. B., aged forty-five. Place of birth, Scotland. Children, five. Four living, last seven years ago; no miscarriages. Menstruation commenced at eighteen years—last time two weeks ago, and continued in all eleven days. Menstruation every three or four weeks, and somewhat more profusely lately. One year ago commenced difficulty in passing urine—came on suddenly, had to be drawn off with catheter; troubled off and on ever since; sometimes urine scanty and painful. Falling of the womb since birth of the first child. About six months ago, I noticed a lump on the right side, which has grown rapidly since. Two weeks ago, at the commencement of menstru-

ation was laid up with pains and fever, and shooting pains through the lump. Examined abdomen and found tumour to be quite movable, high up, elastic and fluctuating, and could not be separated from uterus; sound passed into uterus two and three-quarter inches, goes to left and forward, blood followed the sound. Perineum and cervix lacerated with prolapsed vaginal walls.

Diagnosis: Ovarian cyst? rapid growth, and elastic feel, in favour of it. Œdematous myoma? rapid growth, elastic feel, in favour of it.

The patient was prepared for operation in the usual way; hot baths, with special cleansing of the abdomen; bowels thoroughly moved on the day previous to the operation, and the vagina and rectum washed out on that morning.

June 24th. Operation. The abdomen was opened by the usual incision of three and a half inches between pubis and umbilicus, the tumour explored and found to be an œdematous myoma. The incision was then enlarged to two and a half inches above the umbilicus; the tumour rolled out, and the broad ligaments tied off on either side (which procedure always facilitates the making of the pedicle). Tait's hysterectomy pin and serre-ncœud now applied, and tumour cut away with the scissors. The peritoneum was now well fitted around the stump below the wire, to insure closure of the peritoneal cavity and prevent any trickling of morbid discharges down the side of the stump. The technique of this part of the operation must be absolutely perfect, for around it hangs life or death, in a large number of cases.

After adjusting the peritoneum to the stump, and the tightening of the abdominal wall around it, the rest of the wound was closed in the usual manner, as in all other abdominal sections.

The serre-ncœud was tightened from day to day, and the stump was kept well covered with boracic acid and iodoform.

Nothing unusual occurred; everything went on in much the same manner as after ordinary sections; the sutures removed on the seventh and eighth days, and wound found completely united, and the stump quite dry, and with little or no smell. The pedicle did not drop off till the sixteenth day, and from that time till the twenty-second day after operation everything went on well.

At five o'clock on the morning of July 16th, the

patient was taken with great pain in the left leg, which immediately began to swell and turn cold. I saw her at 7 a.m.; she was then in an almost collapsed condition; pulse unsteady, from 140 to 165. Left limb four inches larger around the thigh than the right—cold and hard. Artificial warmth had been applied, and continued. Mustard applications to the region of the heart; hypodermic injections of strychnia one-thirtieth grain every hour, unless symptoms of its special action become manifested; six doses at one, and four doses at two, hour intervals were given, when marked tonic action on the heart became manifest, the pulse became steady and uniform—from 124 to 130—and with the returning circulation, all the other symptoms improved.

I need not enlarge farther than to say that the improvement continued much in the same manner as we find in cases of phlegmasia dolens. She left the hospital on September 3rd, and travelled some fifty miles home. I have frequently heard from her since; her general health is good, but there is considerable difference in the size of the leg.

*Case 3.*—Mrs. C., aged thirty-seven, residing in the county of Elgin. Married four years; no children; no miscarriages; some menstrual irregularity early in life, but after that regular (lasting from four to six days, and abundant), until Sept. 10th, 1892, after which she did not menstruate for six weeks. At this time she noticed a swelling at lower and left part of the abdomen, which she thought was the enlarged womb. During the latter part of October, she was profusely unwell, and after an interval of two weeks again profusely unwell, during which she experienced considerable weakness. She was slightly unwell at the end of November, and just before Christmas: after this, there was no more discharge until the 1st March, 1892, when there was a slight flow, and none since. There was no nausea or vomiting. The abdomen gradually enlarged, and the breasts tender. From this time on she said she felt life, and with the exception of being easily tired and feeling much discomfort, nothing unusual occurred until July 24th, when she had intense pain in the lower part of the abdomen, and, thinking labour was coming on, sent for her family physician, Dr. Clark, who, recognizing the abnormal condition of things, invited in his *confrere*, Dr. Marlatt.

Both these gentlemen, men of excellent parts, diagnosed extra uterine pregnancy, and asked for further advice. They then wired me, and I saw the patient on the next morning, and made note of the following conditions:

Patient fairly well nourished, walls thin, abdomen unevenly distended; and extending up the front, and in the middle line to near the umbilicus, a pear-shaped body—easily felt, easily located and easily moved. To the right of the median line was a much larger swelling, occupying nearly the whole right abdomen, and in a very marked manner altering the general contour of the abdomen of advanced pregnancy. Dulness on percussion all over this latter swelling, and the outline of the lower extremities and part of the body of the child was easily made out. Indeed, the extremities in parts seemed to be almost under the skin. The cervix was in the middle line, and pushed forward against the pubes. The canal was opened sufficiently to admit easily the index finger. Behind the cervix, and occupying Douglas' *cul-de-sac* and filling the pelvis was felt a large, hard swelling or tumour, corresponding in every respect to the foetal head, but in no way could the finger come directly upon the swelling when introduced through the cervical canal.

It appeared as if the posterior cervical and uterine wall intervened between the tumour and finger. The explanation of these phenomena seemed entirely in accord with the diagnosis of Drs. Clark and Marlatt. The placental bruit was heard low down, and to the left, but the foetal heart was not made out on this occasion, and no attempt was made to pass the sound.

The pear-shaped body in front corresponded to the enlarged uterus of abdominal pregnancy: the outline, the position of the body, and the relation of the cervix to the pubes also corresponded to abdominal pregnancy. The easy manner in which the extremities could be traced through the abdominal wall, and the position of the head corresponding to the tumour in the pelvis, seemed to leave but little doubt that our diagnosis was correct.

The possibility of bifid uterus, with intrauterine pregnancy in one horn and growth of the other by continuity, was entertained.

It was agreed, as soon as pains simulating labour came on, that an abdominal section should be

done, and to this end the attending physician and consultants advised her removal to London, where the patient would be immediately under my care.

She entered the hospital on July 27th, and Dr. Balfour, the Medical Superintendent, detected the foetal heart on the 29th; the same was corroborated by Dr. Meek and myself. Dr. Meek saw her with me several times, and verified the diagnosis.

As it was thought she had passed the full period of utero-gestation, it was deemed advisable, in the interest of the child, not to delay operating, and that the position of the mother would also not be prejudiced thereby; arrangements were then made for August 1st. On the afternoon of July 31st the omission to pass the sound was then discussed; no harm could come from it, and accordingly I did it at once. It went in four or five inches, and was followed by a slight watery discharge, which increased very much during the night. Some chilliness the evening of August 1st. On August 2nd labour pains came on, and the patient delivered of a still-born, seven months' child in the evening.

The swelling in Douglas' *cul-de-sac* was pushed up, in order to let the head come down. The hæmorrhage was not alarming, although the contraction was rather irregular, owing to the presence of the two myomatous growths; and the recovery was tedious, apparently due to some sloughing of one of the tumours, and trouble with one of the breasts, and later on great pain shooting down the legs, with absolute inability to flex the thighs on the abdomen. She finally was sufficiently well to leave the hospital on September 20th, walking then imperfectly and with considerable pain, but eventually got quite well.

The salient points in this case were: (1) The myoma in front, which corresponded to the uterus of abdominal pregnancy; (2) The round, hard myoma of the posterior wall, which occupied the pelvis, and corresponded to the foetal head; (3) the extreme thinness of the abdominal and uterine walls, allowing the child's extremities to be so easily traced, and thus simulating abdominal pregnancy, and (4) the lateral displacement of the pregnant uterus. Here we seemed to have a fourfold evidence of the supposed condition.

The sound, an instrument condemned by many gynaecologists, saved me the mortification of opening the abdomen and finding the child in the

uterine cavity proper. This, however, has happened to more than one good gynaecologist.

In these exceptional cases we have not only a thinning of the abdominal walls, but an absolute want of development of the uterine tissue *pari passu* with the development of the child.

Mr. Tait speaks of eight cases which came under his observation where extra uterine pregnancy was supposed to exist, but in which there only was this extreme thinness of the walls. He said the question generally was: "Is the child in the abdominal cavity?"

*Case 4.*—M.D., aged 30 (county of Elgin), single, a farmer's daughter; called at my office Oct. 2nd, 1892, accompanied by her father and mother, and the following history obtained: No previous illness, except at fourteen years of age, had what was called a severe attack of inflammation of the lungs, extending over a period of seventeen months, which resulted in abscess, and kept discharging from the right side, and by way of expectoration. She was very ill for many months, but the sinus finally closed, and now there is a large scar between the tenth and eleventh ribs on the right side, a landmark of her former trouble. Now complaining of discomfort from swelling in the lower abdomen, first noticed by her last January. There was a hardness there for some time, and a doctor told her some three years ago that there was a swelling in that region. She said the swelling commenced in the right side and gradually moved over to the middle line; menstruation was scanty before June last, but increased much since; appetite fair, but bowels constipated, only moving with medicine. Physical examination revealed a smooth, globular, semi-elastic swelling, extending from some two inches above the umbilicus to the pubes.

Operation was recommended, and done on Oct. 29th, the tumour proved to be an oedematous myoma. Broad ligaments tied, and a pedicle, small and easily made, brought out at the lower angle of the wound, which was now closed as in the former case, it was a very easy hysteromyomectomy, presenting no difficulties, either in removal of the tumour, the formation and adjustment of the pedicle, or the closing of the wound.

All went well till the third day, when distension of the abdomen and rapidity of the pulse, together with more or less vomiting, indicated a



serious condition. The saline (magnes. sulph.) which had been given on the second day, had not acted, and was now ordered to be given every two hours, aided by ox-gall enemas. Still more distension, and more frequent action of the heart. Calomel, 10 grains every two hours, was ordered, until the patient had taken 1 drachm, but no action of the bowels. The patient died on the fifth day. The temperature never reached 100 at any time after the operation.

*Post mortem* made by Dr. McCallum, Pathologist of the London General Hospital, revealed two very long constrictions of the alimentary canal; one in the ileum, twelve inches long, and extending to within four inches of the ileocecal valve; the other in the descending colon; the calibre of both portions of the intestine was so reduced that with difficulty was the little finger introduced. The appendix passed upwards in front of the ascending colon, and was found imbedded in a mass of old inflammatory tissue on the upper surface of the liver. One inch outside of the line of the gall-bladder, and extending back to within two inches of the posterior border, there were adhesions all round the bladder, and Glisson's capsule over the superior surface three-eighths of an inch thick. There was intense venous congestion of the omentum, and some four or five ounces of dark liquid blood present in the abdomen. This case was interesting, not only on account of the manner in which the obstruction of the bowels was produced, but also of the position of the *appendix vermiformis*. It is quite apparent what complications and difficulties of diagnosis would occur in this case, some sixteen years ago, when the attack was put down to inflammation of the lungs, followed by abscess. There can now, in the light of *post-mortem* evidence, be no doubt that that long illness was produced by appendicitis, that the abscess made its way through the diaphragm, and discharged itself through the thoracic wall and bronchial tubes. While the position of the appendix is variable, I do not now know of any instance where it was found in the position determined by the *post-mortem* examination in this case. It is almost certain that the contraction of adhesive bands in the lower portion of the ileum was the cause of the narrowing of the lumen of that tube which led to the obstruction after the abdominal section, but whether the same influence produced the narrowing of the lumen of

the descending colon, I am wholly unable to state. Correspondence with the parents failed to throw any more light on the inflammatory attack of sixteen years previous.

I have given you these four cases in the order in which they came under my notice at the London General Hospital.

Cases one and three belong to the variety known as the multinodular myoma; while cases two and four belong to the cedematous variety.

The multinodular are rarely single, are intimately associated with menstruation, grow during that period, and decrease or disappear after the *menopause*, whether the *menopause* be natural or brought about by the removal of the appendages. The much rarer forms, the cedematous, are single and interstitial, grow at all ages, do not cease growing at the *menopause*, are not connected or influenced by menstruation, and, as a rule, grow much more rapidly than the former.

#### TREATMENT OF TALIPES VARUS.\*

BY P. PALMER BURROWS.

*Mr. President and Members of the Ontario Medical Association.*

In response to a kind invitation of your efficient secretary, I promised a paper or a few remarks on the continuous extension treatment of talipes varus, a method of procedure which, I think, is in large degree original and very successful. I will not take up your time with any extensive anatomical description of this well-known deformity, and this is the less necessary, as I reported fully a case in the *Canada Lancet*, in June, 1887, in which the details of the case, operation and treatment, were then given. The party operated upon was a boy fifteen years of age, deformed from birth. I will only ask your attention but a few moments to explain my method of treatment, which I hold to be original, although I am well aware that modifications are claimed as original by specialists. I read from the report: "John King, having talipes varus of left foot with all its well-marked characteristics, applied to me for the relief of his deformity. At the time he was only able sadly to hobble about by the use of a crutch and cane; the foot was greatly misshapen, malleoli

\* Read before Ontario Medical Association, June, 1893.

enlarged with flesh, covering much thickened and calloused from walking on that side of the foot. By advice of medical men of greater or less celebrity, a number of whom he had previously consulted, almost every conceivable appliance and apparatus had been used without any appreciable good result. On the 23rd May, 1887, I operated, assisted by Dr. T. W. Poole, who kindly administered the anæsthetic. Using a fine tenotomy knife, the contracted tendons were divided, also the plantar fascia and muscles. The operation progressed without serious hæmorrhage or any troublesome complication, and having been satisfactorily completed, the limb was fairly straightened and set in position." The following morning I applied the plaster casing, using against the sole of the foot a moulded splint padded with cotton-batting, with batting around the limb to prevent undue pressure from contraction of the plaster; in setting I used a little salt in the water in mixing the plaster. I left the foot in this fixed position some eight or ten days, then removed a small portion on the outer side to below the ankle joint, and pressed the foot still further outwards, even beyond the natural position, and having poured fresh plaster, secured it in its new position and left my patient quite comfortable. On the 22nd of June, thirty days after the operation, I entirely removed the plaster casing, finding the limb perfectly straight and of natural shape, almost as its fellow, the previously enlarged malleoli and callosities less noticeably prominent. I had him now put on a laced boot specially stiffened on the inner side with stove-pipe iron, moulded to the last on which the boot was made and concealed between the leathers. He at once endeavoured to walk and could do so, resting part of his weight on the previously affected foot. In a very short time after he was able to dispense with his cane and walk as well as anybody. I may mention that he had been operated upon twice previous to my acquaintance with him. This was a specially aggravated case, and although I had operated previously and applied the plaster casing at once, in this I preferred to wait a few hours, though I think from the satisfactory result that I might have followed my previous experiment.

Dr. Post, in a communication to the *Medical Record* in 1888, claims originality of procedure, as

well as some other practitioners. Dr. Henry Taylor, also, in the *Medical Record* of March 8th, 1890, particularizes five points which I contend are fully covered in my report.

1. Preservation of heel cord as an aid in unfolding the foot.

2. Exact prehension of the foot by means of an apparatus not attached to the shoe, and by plaster attached to the leg.

3. The application of leverage to the inner side of the foot and leg.

4. The reduction first of the varus deformity, afterwards of the equinus.

5. Thorough after treatment. By the use of iodoform dusted over the incision, and covering with carbolized gauze, I have not been troubled with offensive discharge, and the wound has healed readily. In young children I have found the plaster casing and stiffened boot sufficient, omitting any more serious surgical interference.

The originality of treatment I claim is :

1. In applying the plaster casing immediately after operation or without any cutting of contracted tendons.

2. Continuous extension by the fixed plaster casing.

3. Increased traction if necessary without removal of casing.

4. The wearing of a simply constructed boot insuring permanent success.

Lindsay, June 19, 1893.

---

## Correspondence.

---

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

---

### DR. SANGSTER'S LETTER.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

SIR,—In your last issue you venture to insinuate that I entertain, or did entertain, a suspicion that my son had been unjustly dealt with by the Medical Council, in the matter of his examinations. Had this cowardly inuendo been merely your own utterance, I should not have deemed it worth notice, but, in giving currency to it, you are, it is well understood, but following the instructions you have received from your masters. The Medical Council, at its recent meeting, spent considerable

time and effort in preparing the bolt which you have now shot, and which, though evidently sped with malicious and deadly intent, will be found to have wholly missed the mark. It is due, also, to the gentlemen with whom, for some months past, I have been associated in the work of medical defence, that I should promptly and explicitly deny that my attack on the Council was, even in the remotest degree, inspired by any motive more unworthy than the simple desire to rectify what, in common with them, I honestly believed to be an injustice and wrong done to the profession. Allow me, therefore, to state :

1. I have never for one moment suspected that my son had been unjustly dealt with either by the Medical Council or by its Board of Examiners.

2. I have never breathed a whisper, or uttered or written a word, either within the bosom of my own family, or publicly or privately elsewhere, which could lead anyone to suppose that I had conceived and harboured such a suspicion.

3. I had neither knowledge nor hint that my son had written to the President of the Council, till the matter came up at its recent meeting.

4. I never saw or heard of his letter, before it was spoken of in the Council and appeared in your journal.

5. I did not know that he had written for his primary and had been rejected on a former occasion.

6. I did know that he was rejected in 1892, because, subsequent thereto, he wrote to me asking whether my letters to the *Mail* could have inspired his rejection. In my reply to him I expressed my conviction that the Council had nothing to do with his rejection—that it lay altogether with the Board of Examiners which was above suspicion and, moreover, had never been attacked, and that the fact, that he had been starred in the same subjects in his University examinations, was a proof, if any were needed, that no injustice whatever had been done to him.

7. At least one prominent member of the Medical Council knew, from my own personal intimation to him to that effect, that I attributed my son's failure at his examinations to causes entirely beyond the control of either the Council or the Board of Examiners. This gentleman was present at the recent meeting, when the scheme was

elaborated, and, had any misapprehension on the part of the Council really existed, could, and doubtless would, have rectified it.

8. As certain expressions made use of in the Council's proceedings are apparently designed to convey the impression that my son is a mere youth—subject to my control and dependent on my means—I may explain that he is nearer to forty than to thirty years of age ; that for eighteen years he has been paying his own way in the world, and shaping his own course therein without reference to me ; that knowing that his talents specially qualify him for success and even eminence in another walk of life, it was against my advice, and in opposition to my wishes that he ever entered on the study of medicine ; that I have been persistently opposed to his continuance in that study ; and that, therefore, except for the lamentable loss to him of money, time and effort which his freak involved, I was prepared to accept gratefully any obstacle that might serve to turn his attention back again to more congenial pursuits. These circumstances explain why I was less minutely informed as to his movements than I otherwise might have been, and, at the same time they accentuate how widely the bolt, fashioned by the Medical Council and launched by you, has missed the mark at which it was aimed.

Many other young men—smarting under injustice fancied or real—have, in like manner, appealed to Council or Senate Presidents, respectfully asking that their grievances might be investigated, and their reasonable prayer has not yet been answered by placing them in the pillory, or by parading the complainants by name with offensive comments, in both the public and the professional press, as was done by the Medical Council in the case of my son. This, as far as my knowledge extends, is the only instance on record, where such a case has been pursued by a public body—reputable or the reverse. The animus prompting it is too evident to escape notice. Before the time when my son presented himself for his first examination, I had the temerity to begin a series of letters over my own signature in the *Mail*, criticising the Medical Council in its public capacity ; I had also the honour of being actively concerned in the formation of the Medical Defence Association and of being intimately identified with it since its



organization. And, as is well known, the Medical Council attributes its recent crushing defeat in the Legislature much more largely to my instrumentality than any poor efforts of mine—earnest and sustained though they were—can at all deserve. Hence, this sorry exhibition of impotent rage, which, unable to score more deeply, expended itself in an act of pitifully small revenge as is sufficiently—though very imperfectly—portrayed in the carefully sifted and revised report you have been permitted to publish. Hence, the base detraction and spiteful defamation of a medical student by one of his own professors, which, if a sample of the kindly and paternal protection afforded to its undergraduates by the Toronto University, may well serve to deter young men about to enter the profession from connecting with that institution, while the individual in question is suffered to retain both his seat in the Council and his position on its Medical Faculty. And hence, also, the lively anxiety displayed by the Council to retaliate in some form on the Secretary of the Defence Association, for the hard usage it had received from that body during the past few months. And so, conceiving that it had an instrument wherewith to wound, it had recourse to the truly Hibernian expedient of seeking to strike the father through the son. It was just such blind, unreasoning desire for revenge, pointed by similarly perverted notions of right and wrong, that prompted, not very long ago, the use of dynamite at Charing Cross to punish the British Government in Westminster. It remains to be seen how the profession will regard the adoption, by the Medical Council, of tactics heretofore supposed to be peculiar to the Clan-na-Gael—whether this and similar attempts to break the force of the charges made against it, by vilifying the motives of those concerned and to wreak vengeance on its opponents by impaling persons wholly innocent of all offence, will not receive, as it deserves, the severe condemnation of every right-minded and respectable practitioner in the province. These are not the usages of civilized warfare—are contrary to the customs and opposed to the instincts of honourable men. In fact, were it not that so wide and so impassable a gulf separates gentlemen from poltroons, and that we have only quite lately had repeated the Medical Council's annual proclamation that its membership

embraces none but "gentlemen," its action in this matter might have been very fitly characterized as dastardly and contemptible.

The Medical Council and its defenders are singularly unfortunate in their ascription of motives to their adversaries. The much-repeated assertion that the whole crusade of the Defence Association was inspired by anxiety to evade the payment of an honest debt, with some other misstatements referring to myself personally, which have from time to time appeared in your editorial columns, I propose to deal with in a future letter. You have more than once declared that your journal is open to correspondence on matters pertaining to the profession, and you have made it a ground of complaint that we have preferred to use the public press. I have now therefore to request you to insert this letter in your next issue. You will, of course, do your "little best" to explain it away, or to break its force by raising side issues, or to otherwise fulfil the functions peculiar to a subsidized organ. But should you find it inexpedient to give my letter in full in your August number I shall feel constrained to reach the profession through the more independent Medical periodicals, and the public through the Toronto Dailies.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, August 8th.

#### HAMILTON CITY HOSPITAL.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

The Hamilton City Hospital is once more passing through a period of unrest. When St. Joseph's Hospital was founded some three years ago, the authorities of that institution announced that there would be no regular staff of medical men appointed, but that every physician in the city would be permitted to attend any patient whom he might send there. The result of this policy has been to make St. Joseph's decidedly popular and prosperous. Some say this prosperity has been obtained at the expense of the city hospital, which, perhaps, is true; for the majority of the profession contend that it would be exceedingly foolish on their part to send patients to an institution from which they, as physicians or surgeons, are excluded. Of over fifty medical men in Hamilton, only six general practitioners and one oculist are permitted to

attend patients in the city hospital, and the press of the city, voicing public opinion, is now demanding that some change be made. It is suggested that the hospital by-law be so amended that any patient occupying a private or semi-private ward shall have the right to employ any physician he may desire. It is thought this would not interfere with the ordinary work of the staff, which would remain unchanged.

The city council and hospital staff have had a number of meetings to consider the matter, and it is thought in a short time the foregoing suggestions will be embodied in the hospital by-law.

MEDICUS.

Hamilton, August 17, 1893.

### Book Notices.

*"Syphilis and the Nervous System."* A revised re-print of the Lettsomian Lectures for 1890, delivered before the Medical Society of London. By W. R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital, Physician to the National Hospital for the Paralyzed and Epileptic, etc. Philadelphia: P. Blackiston, Son & Co. \$1.

This work, as the heading shows, is a reprint of lectures delivered by Dr. Gowers three years ago. They are three in number, and deal exhaustively on the effect of syphilis on the nervous system. The first is on the "Pathology of the Disease"; the second on, "Functional Nervous Disorders attributed to the Disease"; and the third on the "Essential Principles underlying the Prognosis. The book is well indexed, and from the eminence of the author should become one of the classics on the subject.

*Hypnotism, Mesmerism, and the New Witchcraft.* By ERNEST HART, formerly Surgeon to the West London Hospital, and Ophthalmic Surgeon to St. Mary's Hospital, London. New York: D. Appleton & Co., 1893.

In the first portion of this little book Dr. Hart explains his own theories in regard to hypnotism, mesmerism, etc., in a very intelligible, concise and readable form. He pays special attention to the differentiation of "true hypnotism" from the various impostures practised under that name by a large class of charlatans. The second portion of

the book relates a number of experiments performed by Dr. Luys, of Paris, and also describes and gives the results obtained by Dr. Hart in a series of counter-experiments performed on the patients who were used by Dr. Luys in his experiments. The appendix of the book consists of an open correspondence between Dr. Hart and Dr. Luys relative to the results obtained by Dr. Hart in his counter-experiments. The book is well written, and we would heartily recommend it to all those who are interested in this branch of science.

*The Health Resorts of Europe.* A medical guide to the mineral springs, climatic, mountain and seaside health resorts, milk, whey, grape, earth, mud, sand and air cures of Europe. By THOS. LINN, M.D., Member of the British Medical Association, of the Continental Anglo-American Medical Society, Membre de la Société de Médecine Pratique de Paris, de la Société de Médecine et Climatologie de Nice, France. With an introduction by Titus Munson Coan, M.D. In one volume of 330 pages. New York: D. Appleton & Co.

This work will be found very useful, both by the public and by the profession, in determining which of the many health resorts of Europe would be most suitable for any individual case. All of the more important resorts are treated of separately; the best way to reach them, with cost; the nature of the waters, their therapeutics; the scenery and recreations; the names of the physicians and the hotels and prices. The author is thoroughly master of his subject, and the work will well repay perusal, and will give much useful information in brief form. The publishers have done their work exceedingly well.

*What to do in Cases of Poisoning.* By WM. F. MURRELL, M.D., F.R.C.P., Physician to, and Lecturer on, Pharmacology and Therapeutics at the Westminster Hospital; late Examiner in Materia Medica in the University of Edinburgh, and to the Royal College of Physicians of London.

The seventh edition of this work, published by H. K. Lewis & Co., 136 Gower Street, London, W. C., has been put on the book market lately. It is a handy little work of nearly 300 pages, and complete, to such a point, as to be practically indispensable to any physician who has cases of

poisoning to deal with. It contains all its former excellences, besides the addition of all new drugs, e.g., phenacetin, antipyrin, aniline, aconitine, etc., and a list of proprietary medicines, with their ingredients.

It, however, has one of the drawbacks of many English publications, in not having an index. This is partly obviated by the drugs being put in alphabetically. On the whole we can thoroughly recommend it to the profession generally.

---

*Nursing: Its Principles and Practice for Hospital and Private Use.* By ISABEL ADAMS HAMPTON, graduate of N. Y. Training School for nurses attached to Bellevue Hospital; Superintendent of Nurses and Principal of the Training School for Nurses, Johns Hopkin's Hospital, Baltimore, Md., late Superintendent of Nurses, Illinois Training School for Nurses, Chicago, Illinois. W. B. Saunders, Philadelphia, publishers. Price \$2.00.

Seldom have we perused a book upon the subject of "nursing" that has given us so much pleasure as the one now before us. The first chapter is given up to "school organization," its management, and the division of work and classes for first and second year students, while the next goes on with a description of what a hospital ward should be—strange to say it is in striking contrast to what *some* really are. It then devotes considerable space to hospital etiquette, ward discipline, etc. These pages no superintendent of a training school should neglect to read, at least once; head nurses may refer to them more frequently, while junior nurses will profit much by a careful study of them. In the chapter following, and in fact pretty much all through the book, the author places special stress upon the formation of *habits* of "order" and of "observation." Many points about the preparation of a room, its hygiene, its disinfection after contagious disease, etc., are given. A complete chapter is devoted to a description of baths, the manner in which they should be given, and a classification of the same. The preparation of disinfectant solutions is fully described, and the "metric system" is elucidated in a fairly complete and certainly useful manner. We then come to a chapter in which a smattering of bacteriology is given, along with some valuable information upon the disinfection of clothing, of furniture, of the various excreta, etc. Then the reader is treated to a description of the many kinds

of enemata, together with the manner in which they are prepared, and their mode of administration. Chapter XI., which deals with the temperature, pulse, and the method of recording notes: and Chapter XXIII., which deals with symptoms and how to observe them, should be read by every nurse, for this keeping of records is one of the things in which so many of them are deficient. A portion of the latter half of the book is taken up with the preparation of dressings, etc. One chapter is devoted to "diet," another deals with the management of "emergencies," while yet another takes up the examination of the "urine." Chapter XXIV. deals with "obstetrics"; the subsequent one with the "nursing of children." The last two chapters touch, the one upon "infectious diseases," the other upon some of the general "medical diseases." In the back there is a vocabulary, which will, without doubt, prove very useful to the *student nurse*. If the work has a fault it may be some tendency to repetition, but the fact that the author is of the opposite sex may possibly explain this to most of our readers. The publishers are to be complimented upon the style of the book, and upon the quality of the plates. We think that every nurse should have access to the pages of this little work, and we would strongly urge upon the members of our own profession the need of a book like this, for it will enable each of us to become a *training school* in himself.

---

#### PAMPHLETS RECEIVED.

*Operation Blank.* Second edition. Prepared by W. W. KEEN, M.D. W. B. Saunders, Publisher, Philadelphia.

*Inflammation of the Vermiform Appendix: Symptoms, Cause and Treatment.* By J. F. W. ROSS. Toronto. Reprint from the *Canada Lancet*, July, 1893.

*Remarks on the Presentation of Diplomas to the Graduating Class of Barnes Medical College.* By C. H. HUGHES, M.D. Reprint from the *Alienist and Neurologist*, St. Louis, April, 1893.

*Six Months' Medical Evidence in the Coroners' Court of Montreal.* By WYATT JOHNSTON, M.D., and GEORGE VILLENEUVE, M.D., Montreal. Reprint from the *Montreal Medical Journal*, August, 1893.



## AN EPITOME

OF

## CURRENT MEDICAL LITERATURE.

## MEDICINE.

**The Clinical Application of Ingluvin.**—

Ingluvin is the name given to a preparation made from the gizzard of the domestic fowl. It is a yellowish gray powder of a faint odour, and almost devoid of taste. It is insoluble in water. Ingluvin is put up by its manufacturers (Messrs. William R. Warner & Co., of Philadelphia,) in 5 grain tablets. Ingluvin is compatible with alkalies. Its virtues reside in a peculiar bitter principle which enters into its composition. It is prescribed in the same doses and combinations as pepsin. Ingluvin was introduced to the notice of the medical profession about eighteen years ago. It is of special benefit in the relief of sick stomach. This substance may be given with success when vomiting depends upon organic affection of the stomach, as in acute and chronic gastric catarrh and in gastric ulcer. Nausea, due to disease of other abdominal or pelvic viscera, as the liver, kidneys, uterus and ovaries, is likewise relieved by the administration of this remedy. It allays the gastric irritability which accompanies tabes-mesenterica and marasmus. Vomiting produced by over-indulgence in liquor has been subdued by its powers. It has been found of advantage in cases of sea-sickness, and in the relief of the gastric irritability of bottle-fed babes. Its peculiar province, however, is alleviation of the vomiting of pregnancy, in which it approaches the character of a specific. As everyone knows, this difficulty is frequently very intractable, and one approved remedy after another may be used without avail. To those who have witnessed repeated failures of medication, ingluvin can be recommended as one of the most efficient remedies which we possess for the relief of this distressing symptom. Ingluvin is likewise beneficial in dyspepsia, when produced by functional inactivity. It is able to promptly check the diarrhoea which is caused by indigestion. By reason of its influence upon the stomach and bowels, ingluvin is capable of marked service in cases of cholera infantum and cholera morbus. From the preceding account it will be seen that

ingluvin possesses an exceedingly important sphere of usefulness.

Ten grains I found generally a sufficient dose. In some instances 20 grains were required, while in the milder forms of indigestion a 5-grain tablet, after each meal, accomplished the desired purpose. To infants I gave the remedy in doses of 1 or 2 grains.

A series of cases occurring during the past few years, in which ingluvin was administered with benefit, has been selected as affording a typical example of the efficacy of ingluvin. The total number amounted to 49, and a brief history is given of each case. They were classified as follows: 4 cases of cholera morbus; 8 of infantile diarrhoea; 9 of diarrhoea in the adult; 2 of dysenteric diarrhoea; 1 of acute indigestion; 3 of dyspepsia; 2 of dyspepsia with reflex symptoms; 1 of dyspepsia from uterine disease; 2 of flatulent dyspepsia; 1 of nervous dyspepsia; 2 of gastralgia; 2 of colic; 4 of gastric and gastro-intestinal catarrh; 1 of gastric ulcer; 1 of vomiting caused by alcoholism; 6 of vomiting of pregnancy.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin for June, 1893.*

**Cancroin.**—In one of my former letters I mentioned the experiments which Professor Adam Kiewicz undertook to establish the pathology and rational treatment of cancer, and the opposition which his first fragmentary communications encountered. He has now put forth a complete survey of his four years' laborious researches in this direction, and the opportunity is now given of thoroughly testing his theories. As the subject is still one of the most obscure as well as the most important, his publication will certainly be received with interest by all. He starts from the consideration of cancer as an infectious tumor, and his investigations have led to the discovery of the compound he calls cancroin, which he describes as phenol-vinyl citronate, and which appears to be a toxine of ptomaine. This body is now obtainable for therapeutic purposes from Merck, of Darmstadt, and seems from the histories published to have a useful influence on the disorder. Let us hope that time will confirm the correctness of the author's observations.—*Berlin Correspondent Occidental Medical Times.*

### To Get Rid of the Odor of Iodoform.—

Dr. W. Washburn, of this city, writes *a propos* of a recent item on the deodorizing of iodoform: "In the *Medical Summary* for June, 1893, an article by myself gives an easier and more convenient method. It is there stated that both ether and chloroform are solvents of iodoform, and will remove every trace of it and its odor if the hands are washed with a trifle after washing with soap and water. The hands have a peculiarly clean feeling after using chloroform, dry instantly, and require no further washing. As nearly every physician carries ether or chloroform in his satchel, and as turpentine would be an additional burden, there is this also in favor of these drugs, they are always at hand. When clothing has been saturated with iodoform the proper thing is to first apply chloroform to the spot and rub it in, then wash with castile soap and water, and finally apply chloroform—or ether will do as well if chloroform is not in hand. Any seams coming within the space to be cleaned will require careful attention, just as the nails will if the hands are to be deodorized. The proper way for the nails is to dip a bit of soft wood (a match whittled flat is handy and efficient) in chloroform and with this clean under the nails. I have derived great great comfort from applying this method in daily practice."—*Medical Record*.

### Prolapsus of the Umbilical Cord.—

Take a soft sponge the size of a large orange, wash it well in hot water, then push up the cord in an interval of pain, passing up immediately after it the moist warm sponge between the uterus and the head of the child. This simple operation prevents the return of the cord, and the sponge comes away with the placenta. After an experience of more than thirty-six years, I have found this method the most satisfactory way of dealing with cases of prolapsed funis.—*British Medical Journal*.

### Treatment of "Sunstroke."—

For cases with temperature above 104° F.: Ice and ice-water to head, body, rectum; continued until temperature comes down to 100°, and repeated if it rises again. Antipyrine hypodermically, ten to thirty grains; or acetanilide, by rectum. For cases with low tem-

perature, feeble pulse, cold extremities and profuse sweating: Strychnine, gr. 1-40 to 1-20, hypodermically, or tincture digitalis, gtt. xx., warmth to feet, lower head, loosen clothes, alcohol, camphor or ammonia in small and frequent doses. For medium or doubtful cases: Atrophine, gr. 1-100 hypodermically; acid phosphate; cold or heat to head, as feeble or exhaustive symptoms predominate.—*Waugh*.—*The Times and Register*.

### Cardiac Irregularities.—

Considerable attention has been devoted to the study of particular forms of cardiac irregularity, of which there are several distinct varieties. There is the form known as tachycardia, in which the heart-beat is sometimes so rapid as to defy any attempt to count them, and this condition may persist for long periods of time without the supervention of any other symptom. In many instances it is the initial symptom of Graves' disease, but not unfrequently it remains the sole and only symptom, being then possibly a "forme fruste" of that malady. In speaking of cardiac irregularities we are, it must be borne in mind, referring only to cases in which there is no discoverable structural disease of the heart. In other words, the affection belongs to the class which, in our ignorance, we designate "functional." There is a distinction to be observed between mere irregularities and intermittence. While irregularities may prove to be ephemeral in their incidence, intermittence, according to Dr. B. W. Richardson, once present is persistent. Dr. Sansom points out that the etiology, or, at any rate, the morbid associations, of all forms of cardiac irregularity not consequent upon organic disease is or are the same as for tachycardia, and he insists on the fact that in all probability the cardiac phenomena constitute the central symptom of Graves' disease, the other manifestations being, so to speak, only offshoots of this central trouble. With respect to their significance, Dr. Richardson pointed out that the prognosis is grave when the patient is himself aware of the *defaillance*, and Dr. Sansom made this an argument for carefully avoiding imparting a knowledge of the existence of these abnormal conditions to patients not previously aware of their presence. Without questioning the propriety of not unnecessarily disturbing the patient's peace of mind by such information, it does not seem to follow that

because the prognosis is unfavourable when this irregularity is perceptible to the patient, therefore that the course of events, if he be made aware of the fact at second-hand, is likely to be detrimentally affected. In the one case the gravity of the prognosis resides in the fact that the physiological disturbance is serious enough to excite the apprehension of the patient, whereas in the other the trouble is purely moral.—*London Hospital Gazette*.

### The Minor Symptoms of Bright's Disease (Dieluafoy.) :—

1. Auditory difficulties, ringing in the ears and deafness. Mounier has sought to bring the vertigo of Meniere's disease into this category.

2. Numbness of the fingers or hand was noted forty-six times in the sixty cases.

3. Chilliness of legs and feet observed thirty-seven times in the sixty cases.

4. Pollakiuria is equally common.

5. Pruritus, likened to the sensation produced by a hair on the skin.

6. Epistaxis, especially in the morning and starting during sleep.

7. The sign of the (temporal) artery. The arterial system is tense, the vessels are bent and hard (without there being arterio-sclerosis), and this is shown especially well by the temporal artery.

Each of these signs separately has little value ; but collectively are enough to form the diagnosis. —*Le France Medicale*.

### Chest Pains.—These may be due to :

1. Intercostal neuralgia ; tenderness at points only.

For neuralgia strap the chest and give arsenic, with an occasional mercurial purge. Quinine acts best after mercury.

2. Rheumatism of the fascia, the whole region being tender.

Chest rheumatism is connected with beer-drinking. The salicylates are useless ; alkalies of doubtful utility. The best remedy is water, drunk in enormous quantities.

3. Neuritis ; circumscribed linear tenderness.

4. Acute pleurisy ; chill, fever, friction sound.

5. Dry pleurisy ; very common, relieved so surely by adhesive straps that this relief confirms the diagnosis.

6. Neuroma.

7. Aneurysm ; may not cause pain, even if large.

8. Cancer.

9. Ataxia.

10. Spinal disease.

11. Bronchitic pain ; calls for strapping and opium.

12. Myalgia ; relieved by straps.

13. Mitral disease ; rarely painful.

14. Aortic disease ; generally painful.

15. Dyspepsia ; diffusible, radiating pains.

16. Diabetes mellitus, in later stages ; pain at centre of sternum. A bad omen.

17. Zoster ; pain may precede eruption for days.

18. Angina pectoris.

19. A pseudo-angina, occurring in women ; not relieved by nitrites, but instantly by chloroform.

20. Phthisis.

21. Syphilis.

22. Gout.

—H. M. BROWN, *Cinn. Med. Jour.*

**The Cholera.**—Under date of July 1st *The Lancet* gives the following account of the prevalence of cholera. There is not much to be added of a very satisfactory or reassuring character to our report of last week. Cholera seems to be widely distributed at the present time, although, if we except Mecca, it has not manifested itself with epidemic strength or severity at any particular place. In Europe it has been generally mild in form but persistent in character. At Mecca, however, the outbreak has been very severe and is still increasing with alarming rapidity. The deaths on June 25th numbered 455, and later reached even 1,000 a day. During the first ten days of last month 62,000 pilgrims passed through Jeddah alone, and further arrivals are still announced. As regards France, cases of cholera have occurred in the northwest, west, and south of that country, and the disease seems to have been widely distributed. The health of Paris keeps good, but not so that of other parts of France. For some time past cholera prevailed to a limited extent in Brittany, especially at Lorient and Quimper, and subsequently the disease appeared in Southern France. Cases of cholera, with the usual proportion of deaths, have occurred at Nîmes, Montpellier, Cette, Bessèges,



Frontignan, Alais, Lyons, Toulon, Nantes, Hyères and Marseilles. The disease is extending south-westward to the frontier of Spain. The valley of Andorra in general has suffered, and at Pamiers, in the Arriège department, the visitation is said to have been severe. Nantes in the west is affected, with a prospect of the disease extending up the valley of the Loire, and there are rumours of suspicious cases of choleraic disease at Bordeaux. According to a telegram from Paris of June 28th, it is reported from Carcassone that an outbreak of cholera, which is attributed to the bad water, has occurred in the village of Luc-sur-Aude, where, out of 200 inhabitants, 12 deaths have been registered and 15 cases are under treatment. The people have fled from the commune. Fresh cases are reported from Hyères and Seyne.

Telegrams from St. Petersburg, dated July 12th, report that the city has been officially declared to be in a healthy condition. Fifty medical men who had been detained at the military academy for fear that there would be an outbreak of cholera have been dismissed to their homes. The last weekly official report on the epidemic in Russia gives the following figures for the provinces where the disease prevails: Podolia, 310 new cases, 100 deaths; Bessarabia, 35 new cases, 15 deaths; Orel, 32 new cases, 12 deaths; Kherson, 18 new cases, 9 deaths; Toula, 8 new cases, 3 deaths. From Budapest the news comes that true Asiatic cholera prevails in Hungary to a slight extent, the prompt measures taken by the government having prevented thus far any alarming spread of the disease. There has been an average of two cases daily. The number of deaths, if there have been any, has not been reported. Eighty-five cases of cholera are reported in the hospital at Alexandria, Egypt. Forty deaths from the disease have occurred. There were five new cases of cholera and four deaths from the disease in Toulon during the twenty-four hours, ending July 12th—*Medical Record*.

Dr. E. P. Davis gives the following in cases of slight shock, following abdominal operations:

R.—Elixir Ammonii Valerianati. . . . . ʒ i.

Spirit Frumenti. . . . . ʒ ii.

Aqua bullient. . . . . ʒ ii.

M.—Sig. As an enema every two hours.—*Lancet Clinic*.

### Aperient Pill of Sumbul: An Efficient Combination.

Sumbul, or musk-root, is an excellent antispasmodic and nervous tonic. Its action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action, and is beneficial in depressed or excitable condition of the nervous system. Sumbul may be very advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularity of the heart, restlessness, the insomnia of chronic alcoholism, and nervous dyspepsia. The extract is given in the dose of  $\frac{1}{4}$  to 1 grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals—especially women—with impaired nutrition, a morbidly sensitive organization, dyspeptic difficulties, and sluggish movement of the bowels. I have advantageously, in many instances, associated it with nervine and laxative remedies. The following combination, which I have devised, is now put up on a large scale by the well-known manufacturing pharmacutists, Messrs. William R. Warner & Co. Each pill contains:

R Ext. Sumbul. . . . . gr. i.  
Asafoetida . . . . . gr. i.  
Ext. Cascar. Sagrad. . . . . gr. ss.  
Aloin. . . . . gr. 1-10.  
Ext. Nucis Vom. . . . . gr.  $\frac{1}{8}$ .  
Gingerine . . . . . gr.  $\frac{1}{4}$ .

M The dose is 1 or 2 pills.

From a long list of cases in which the above pill proved of value, a few examples are selected:

A light-complexioned, florid young woman became subject to spasms of hysterical chorea. There were twitching and jerking of the muscles of the forearm and face. Two pills were administered thrice daily with excellent results. The paroxysms gradually became less frequent, and at length ceased.

A woman was subject to aching pain in the loins, radiating to the pelvis and groin. Attacks of intercostal neuralgia also occurred; she was weak, and often had palpitation of the heart. The patient made a complete recovery.

The same treatment was of marked benefit in the case of a woman who, consecutive to her first confinement, had suffered for nearly a year from

palpitation, dyspepsia, constipation, mastodynia, headache and giddiness. The action of the heart was rapid and irritable, but there was no organic disease.

A lady, about five weeks pregnant, suffered from an almost constant headache, and could not sleep well; was nervous, depressed, weak, dyspeptic and constipated. The pills corrected the state of the digestive apparatus, banished the pains and nervousness, and the patient progressed without special difficulty to the end of her term.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin for May, 1893.*

**Treatment of Post-Partum Hæmorrhage.**—Dr. Ernest Herman, obstetric physician to the London Hospital, has published a paper on this subject. He says that in the treatment of post-partum hæmorrhage nothing can be relied upon that does not ensure compression of the bleeding vessels. The chief precautions against the prevention of hæmorrhage are care not to extract child or placenta when the uterus is not contracting, and close supervision of the third stage of labour. The post-partum hæmorrhage under discussion is the common kind, namely, that due to uterine atony. The modes of stopping bleeding after labour may be divided into three groups, according to their principal aims, which are: 1st, to make the uterus contract; 2nd, to compress the bleeding veins; 3rd, to clot the blood.

There are three ways of making the uterus contract, namely: direct stimulation, indirect stimulation, and drug stimulation. Direct stimulation, such as kneading with the hand outside, is almost always successful for the time, and in the slighter cases its repetition at intervals is enough. The second step is to pass the hand into the relaxed uterus. Not only does this stimulate the uterus, but by it we gain help in diagnosis and prevention. The business of the intra-uterine hand is to find out if there be anything in the womb which is causing bleeding; and, if there be, to remove it. Injection of hot water provokes contraction and does good by washing out loose clots, etc. Water in which the accoucheur can bear to immerse his hand will not injure the tissues. Cold water, or ice, or electricity may also be used. Reflex stimulation may suffice, through the nerves of the skin

by applying ice or cold to the vulva or abdomen, or of the breast by putting the child to the bosom. Drug stimulation is represented by one drug—the only one which produces uterine contraction and retraction—namely, ergot. Its chief uses are as a prophylactic, given immediately after the birth of the child; and after bleeding has stopped, to make tonic the contraction produced by other means. As regards the treatment of exhaustion of contractile power—the worst cases in these—pressure, or blood clotting, or a combination of both must be relied on. The injection of perchloride of iron stimulates the uterus to contract and clots the blood. The objections to this treatment are: first, that it is dangerous; and secondly, that it is not always successful.

Plugging the uterus with iodoform gauze, the new German treatment, may be dangerous; sudden death has taken place from the entrance of air into a uterine vein while the gauze was being put in. Continuous compression is the best and only remedy when the contractile power of the uterus is exhausted. There are various methods of employing it. The right way is to compress the uterus between one hand in the vagina and the other on the abdomen. The best way is to bend the fingers of the left hand into the palm, and grasp the uterine body between the right hand on the abdominal wall and the firm resisting surface formed by the closed fingers and volar prominences of the left hand in the vagina.—*Brit. Med. Journ.*

**Nitroglycerine for Vomiting.**—Humphries (*British Medical Journal*, No. 1683, p. 693) reports having employed nitroglycerine systematically for three years in all forms of vomiting encountered, with highly satisfactory results. In cases of gastric catarrh in the adult or in the infant, acute or chronic, dependent upon alcoholism or upon anæmia, it acted almost as a specific. It also proved useful during pregnancy. In peritonitis alone it increased the vomiting, but the effect soon passed off. It proved of little value in the relief of the vomiting of pulmonary tuberculosis. In combination with catechu it acted well in several cases of lienteric diarrhœa. The vomiting of influenza was also relieved by the use of the agent, which was in no instance attended by bad results.—*Medical News.*

**The Diazo Reaction.**—Dawson (*Dublin Jour. Med. Sci.*) discusses Ehrlich's test, in the light of numerous experiments, and comes to the following conclusions :

1. The diazo reaction is generally found in typhoid fever more constantly than in any other except measles and acute phthisis.

2. The reaction cannot be used diagnostically in these three, or against typhus.

3. It may be used to distinguish measles from rotheln.

4. The substance causing the reaction does not give to urine any color, odor, reaction, deposit or specific gravity; nor does it produce albumen, sugar or indican, though these are often present also.

5. It is not free acetone; nor is it a product of Eberth's bacillus.—*Times and Register*.

### **The Chances of Success in Medicine.**—

President Charles F. Thwing, of Western Reserve University, has made a number of interesting educational studies, and among these is a article in the current *Forum* on "College Men as Successful Citizens." He has taken "Appleton's Cyclopædia of American Biography" and examined the contents with reference to the occupation and education of each person whose history is recorded. The Cyclopædia contains biographies of 15,142 persons, and it assumes to include all Americans whose life-work has been sufficiently successful to entitle them to a record. It is interesting to note the number of medical men in our country's history who have distinguished themselves. This number is exactly 912. As the prominent clergymen number 2,744; soldiers, 1,752; lawyers, 1,678; statesmen, 1,310; business men, 1,105; authors, 1,124; artists, 630; educators, 1,016; scientists, 522, it will be seen that the number of eminent men among physicians is about half that of lawyers and one-third that of clergymen. It would not be far out of the way to assume that about 300,000 doctors have started out in life in this country during the present century, and, if that be so, the chance of a doctor becoming famous is one in three hundred.

Of the 15,000 distinguished men in the Cyclopædia, 5,326 were college-bred, and among these 473 were physicians. In other words, one-half the distinguished physicians in this country were col-

lege-educated men. The chances of becoming distinguished are, therefore, enormously increased by such a training.

Here is a fact which the American Academy of Medicine ought to herald abroad, for it is the strongest evidence yet furnished in favour of their propaganda. If a young man who has chosen his profession knows that his chance of succeeding in it will be increased from one in three hundred to one in about six by a certain course, he will, or at least he ought, to make great sacrifices in order to take advantage of this, for it will pay him in the end.—*N. Y. Med. Record*.

**Iatrol in Dysentery.**—J. H. Sackrider, M.D., states: In the case of a child two and a half years of age, almost exhausted from dysentery, and for whom I had not the slightest hope of recovery, I began using iatrol only after every other means had failed me, introducing through a soft catheter five grains of iatrol in a quart of warm water as far into the bowel as possible. The result was almost magical; no more blood after first washing, a few stools of slime or mucus, then natural movements, and the child made a rapid recovery.

Since this experience I have used iatrol in all severe cases of dysentery, increasing or diminishing dose as indicated, using it in very warm water every four, six, eight or twelve hours, and always with the most happy results.

**Diuretin.**—Dr. James B. Herrick thus concludes a paper on this subject recently read before the Chicago Academy of Science (*Journal of the American Med. Asso.*):—

My study of the literature of diuretin and experience with the remedy seem to warrant the following deductions:—

1. Diuretin is a diuretic acting by direct stimulation of the renal epithelium and best suited to cases in which there is general dropsical effusion.

2. It is the best medicinal remedy for removing dropsical fluid due to valvular disease of the heart, after digitalis and pure cardiac tonics have failed.

3. It can be advantageously combined with digitalis and pure cardiac tonics.

4. It probably has a direct effect upon the heart as well as upon the kidney, slowing and strengthening its action and improving its rhythm. (This is



disputed by some, viz. : Cohnstein, "Ueber den Einfluss des Theobromins, etc., auf den arteriellen Blutdruck." Inaug. Diss., Berlin, 1892.)

5. Diuretin has oftentimes a beneficial effect in other circulatory diseases with dropsy, as myocarditis, pericarditis, aneurism, arterio-sclerosis. Its action is here more uncertain than in valvular disease.

6. In the dropsy of nephritis it can be used without danger of irritating the kidney, the effects in acute nephritis being more certain than in chronic nephritis. Where the renal epithelium has undergone too extensive degeneration, the drug may fail to act.

7. In the dropsy of portal obstruction, and especially of cirrhosis of the liver, it usually fails to give good results.

8. It occasionally causes nausea, vomiting, diarrhoea, palpitation, headache, and slight fever : rarely, skin eruptions follow its use.

9. The maximum daily amount that can be given with safety is 150 grains ; the average daily amount is 50 to 120 grains, given in divided doses. When combined, in heart cases, with cardiac tonics, smaller doses of diuretin can be employed.

10. It should be given in solution in water or milk, or in pill or capsule, without acids, and by preference between meals.—*College and Clinical Record*.

**The Treatment of Diabetes Mellitus by Feeding on Raw Pancreas and by the Subcutaneous Injection of Liquor Pancreaticus.**—Dr. W. Hale White presents a very careful report of two cases under observation. Each patient was for the whole period kept upon a diet consisting each day of twenty Soya-bean biscuits, two eggs, two ounces of butter, two almond biscuits, one fluid ounce of milk, twelve ounces of cooked meat, greens, watercress, tea and soda-water. The state of the patient and of the urine on this diet having been ascertained, each was given, in addition, for his supper, about two ounces of raw fresh sheep's pancreas chopped fine and flavoured with pepper and salt. When this was discontinued, five minims of liquor pancreaticus were injected subcutaneously night and morning, the restricted diet being as before. As regards sugar, in one case it was distinctly less when raw pancreas was taken

than it was before, and the same effect, but to a less degree, was associated with the injection of liquor pancreaticus subcutaneously. In the second case neither of these methods had any effect in reducing sugar. Neither feeding on pancreas nor the injection of liquor pancreaticus had any decided effect upon the quantity or specific gravity of the urine. It is doubtful if either of these methods had any effect upon the urea. The patients do not lose weight when treated with the pancreas ; perhaps they gain a little ; and if there is any other alteration, they feel a little better for the treatment. As disadvantages are cited the fact that the first patient suffered from a severe erythema accompanied by fever, and that the second, although having no rash, yet experienced a rise of temperature and a slight sore throat upon one day. The conclusions are that it is very doubtful whether feeding on fresh pancreas or the subcutaneous injection of liquor pancreaticus is of any benefit in diabetes mellitus.—*British Medical Journal*, 1893, No. 1679, p. 452.

**Bromoform in Whooping-Cough.**—Mr. F. W. Burton-Fanning recommends this remedy, which is conveniently dispensed in the proportion of 1 minim, suspended in half drachm of compound tragacanth powder, the same quantity of simple syrup, to which three drachms of water is added. The dose varies from half minim for children under one year, to two minims up to six years, given thrice daily. The doses may be gradually increased to twice the quantity. The bottle must be kept in the dark, and shaken before each dose.—*The Practitioner*, 1893, No. 296, p. 100.

**For Urticaria of Children (*L' Union Méd.*) :**

R. Chloral hydrat.

Camphoræ pulv.,

Acaciæ pulv., aa . . . . . ʒj.

Triturate until liquefied, and add

Cerat. simpl. . . . . ʒj.

M. Sig. Apply topically.

Bromide of strontium is recommended for the relief of vomiting (*Repert. de Pharm.*). 15 grs. before meals relieves nausea, and this dose—30 to 45 grains a day—is said to be efficacious even in the obstinate vomiting of pregnancy.—*College and Clinical Record*.

**Case of Coincident Measles and Varicella Rashes.**—John Thompson, M.D., Lecturer on Diseases of Children, School of Medicine, Edinburgh, reports a case as follows :

On January 2nd I was called to see David C., aged five years, on account of a very copious, widely-distributed, varicella rash, which had begun on December 31st. The attack proved an unusually severe one, many of the vesicles became pustular and small sloughs joined afterwards in many places, leaving considerable pitting.

On Jan. 11th his sister Jessie, aged seven, had a severe headache with watering of the eyes, and was hot and thirsty.

On Jan. 14th, in the morning, a rash was noticed on the abdomen ; and by the time I saw her, on January 15th, she was covered with it from head to foot. This rash had the usual character of that of measles, but on close inspection it was found to be complicated by the presence of enormous numbers of varicella vesicles. These were found all over the surface of the skin, including scalp, and also on the mucous membrane of the tongue, cheeks, palate and pharynx. The temperature was 103.3° F. The measles ran an ordinary mild course, accompanied by slight bronchitis. The varicella also was tolerably mild in type ; for although there was a larger number of vesicles than I remember to have seen in any other case. They did not suppurate, and rapidly dried up.

On Jan. 23rd, David again took ill ; this time with coryza and headache, and these lasted till, on the 27th, a copious measles eruption appeared.—*Archives of Pediatrics.*

### **Some Peculiar Effects from Large Doses of Hyoscine in a Case of Acute Alcoholism.**

—(By James Porter Fiske, M.D., New York.) Of late years hyoscine has been placed before the profession as a valuable hypnotic in conditions of insomnia with delirium tremens, high mental tension, etc. During the past winter I had occasion to treat a gentleman suffering from an attack of insomnia, chiefly due to over-indulgence in wine, but also due in a measure to business troubles.

Hyoscine hydrobromate was used, and as the action of the drug was somewhat different from that expected, and as a pure preparation was used hypodermatically, a report of the case will be of value

to those who are making a study of the drug's action.

The patient, a man of forty years of age, health good, had of late suffered from insomnia, due to troubles connected with his business. I was called to see him on a Sunday evening, and learned that he had been drinking constantly for some days and nights. He was very restless, walking up and down the room, lying down for a minute and then starting up again. When walking, his gait was good. His speech was articulate, and most of the time intelligent. He was apparently very nervous, and begged for something to put him to sleep. At times he would see about him the faces of friends, and with them he would converse.

Eleven p.m.—Gave hyoscine hydrobrom., 1-100 grain, hypodermatically ; absolutely no effect in forty-five minutes. The dose was repeated, and then I had to leave the patient.

I was called the next morning at half-past seven. He had dozed for half an hour after receiving the second injection, and had then returned to his former condition of extreme restlessness. I determined to continue the use of hyoscine, and decided to give larger doses, and obtain a marked action from the drug if possible.

Eight a.m.—R Hyoscine hydrobrom., 1-50 grain, hypodermatically. In fifteen minutes the patient complained of his extremities feeling peculiar, somewhat "numb and prickly." His hands assumed a purplish hue, and felt cool. He rose from the bed and attempted to walk, but after going about four feet his legs gave way, and he fell to the floor, though up to this time, in walking, his gait had been good. He complained of great weakness in both legs. He turned to me, and in a husky voice, hardly articulate, told me that these symptoms were due to the drug I had just administered. In a few minutes he again attempted to walk, and after tottering a few feet again fell.

I watched him carefully and noticed that his speech had become confused, markedly difficult, his voice husky. The pulse was 90.

In two and one-half hours, at 11 a.m., his hands had returned to their normal colour, his walk was again steady, speech was clear, and his legs "felt all right again." During these hours he at no time felt inclined to sleep. No other drug had been administered. He had had but one half hour's

sleep in forty-eight hours, was in great mental distress, and begged to be put to sleep. I gave him morphine sulph., one-half grain, and left him.

I returned at 5 p.m., and found him awake and restless. He had slept one-half hour after the morphine. He saw about him familiar persons with whom he engaged in conversation. In a moment he turned to me, and said that he knew the faces were hallucinations.

I determined to try hyoscine again and see just what the action would be on him. His condition at this time was as follows: Pulse, ninety-six; respiration, twenty, and regular; very restless. In walking, his gait was good. His speech was clear and intelligent as a rule. His only hallucinations were when he engaged in conversation with imaginary faces. He was constantly changing his position, starting up and then sitting down.

Five p.m.—Hyoscine hydrobrom., 1.50 grain, hypodermatically. In a few minutes he attempted to rise, did so with difficulty, and taking one step sank to the floor. He complained of great loss of power in both legs; speech was difficult (inarticulate). Respiration was slightly irregular and laboured. His extremities again felt numb; his hands and face were markedly purplish and dusky. Pulse, 112. No feeling of sleepiness. These symptoms gradually disappeared in three hours without treatment.

At no time had the hyoscine produced a hypnotic effect; the chief effects being motor paralysis, as indicated by loss of power in the extremities, sensory disturbances and impairment of speech, with some circulatory disturbances. I then put the patient on chloral and bromides in large doses, followed by the hypodermatic use of atropine and strychnine, with very favourable results.

This case is of more than passing interest as it has been very generally stated that in alcoholic mania and in the insomnia of acute alcoholism, hyoscine is of the greatest value.—*Medical Record*.

**Constipation in Infants.**—Very little medicine should be given in all these forms of constipation in infants and children. The best, after all, may be magnesia, as there is frequently too much acid in the intestinal tract of the young. It will at the same time neutralize the acid and relieve the bowels.

Whenever an addition is necessary, rhubarb will suffice. In most cases an enema will be sufficient to relieve constipation. It should be given every day for a long time. There is a prejudice against rectal injections which is unfounded. They should not be given too hot or too cold. They may contain a small quantity of salt, so as to make a two-thirds of one per cent. solution.

In those cases where constipation is very obstinate, the enema should be given through a tube, from four to six or eight inches in length. Beyond that it is usually impossible to introduce a tube.

—A. Jacobi, M.D., *Intestinal Diseases of Infancy and Childhood*.

### To Hasten Desquamation in Scarlatina.

—The following is recommended:

R Resorcin..... ʒij.  
Lanolini..... ʒiiss.  
Olei sesami fl..... ʒss.  
M. et. ft. ung.

Sig.—Rub into skin.—*Lancet-Clinic*.

**Hysterical Tremor.**—Popoff (*Arch. de Neurol.*, May, 1893) reports the case of a man, aged 21, who from infancy had been subject to attacks of rhythmic tremor in his lower limbs, specially affecting the flexors and extensors of the feet. Each attack came on without apparent exciting cause, lasted about a fortnight, terminated suddenly, and was followed by exhaustion. The rhythmic movements were very rapid, of slight amplitude, and were notably increased by emotion, attention, or voluntary effort. Mechanical and myotatic irritability of the muscles generally was excessive; muscular power was enfeebled. During the attacks the tremor only ceased when the patient was asleep; the sense of touch was impaired below the level of the iliac crests and Poupart's ligaments: sensibility for pain and temperature was abolished over the same area. Above that limit, all the forms of cutaneous sensibility were intact. Each visual field for white was greatly reduced, both in the attacks and intervals; the other sensory derangements persisted only as long as the tremor. The length of intermission usually was about three weeks.—*British Medical Journal*.



## SURGERY.

**Grafting with Pigeon-skin.**—Being called upon to attend those injured in neighbouring mills, on some of whom it became necessary to do skin-grafting, and the want of a more easy method of performing the operation, says Dr. Aldrich, suggested to me the idea of grafting the granulating surfaces with squab-skin.

The Thiersch method of grafting has one feature that makes it appear like quite an operation to the patient and his friends, and that is the necessity for an anæsthetic in order to take the grafts from the patient or someone else.

In my first attempt at pigeon-skin grafting I selected a pair of young squabs that were of an age when the feathers had not yet shown themselves along the under surface and under the wings. I removed the featherless skin and placed it on a healthy granulating surface, which had previously been cleansed with a four per cent. boracic acid solution. The result of this first operation was fairly satisfactory. Since this first pigeon-skin grafting I have grafted a few times.

The last time I grafted a granulating surface the operation was as successful as anyone could wish. I proceeded as follows: Having killed two squabs that were about half grown I immersed them in warm boracic acid solution and quickly plucked the feathers; then immersing them in a clean boracic solution, I proceeded to scrub them. My next step was to skin them, removing large pieces at a time, which were immediately placed in warm sterilized water. The granulating surface having been thoroughly cleansed with boracic solution, and then with warm sterilized water, the grafts were placed upon it. Over the grafts guttapercha tissue was placed, and then warm compresses wrung out in warm boracic solution; over these a layer of dry cotton, and then the bandage.

In my former operations the pus and the liquefied grafts had floated many good grafts and prevented their "taking." I therefore concluded to change the dressings earlier than I ever had before. About forty hours after the operation the dressings were removed, the pus and melted pigeon-skin mopped away with wet compresses; the grafts that were not melted were left in place, and over the surface was applied plain gauze with a layer of

resin ointment spread on it, over this borated cotton and then the bandage.

At the end of the next forty-eight hours it was dressed again in the same way, and at the end of the following forty-eight hours it was dressed again. Since this dressing it has been dressed every third or fourth day either with boracic vaseline or resin ointment.

*Observations.*—Do the grafts grow by a reproduction of their own elements, or do they simply stimulate the granulations, and cause them or the tissues underneath them to take on an epithelial growth?

In one case that I grafted the surface had been stripped by cogs. In the upper part of this lacerated area was a small island of skin that was not removed, but which in time became completely lost sight of, on account of the granulations having swallowed it up, so to speak; yet, later, this same skin came to the surface, and its edges finally coalesced with the skin at the margin of the wound and also with the grafts which had "taken," in close proximity to it. The swallowing of this island seems to me to be analogous to the swallowing of the epithelial cells, which later only spring to the surface just as this island did.

The success of this method of grafting in my hands appears to me to be equal to the success of the auto-epidermic-Thiersch method. Pigeon-skin grafting does not necessitate an anæsthetic; its failure does not discourage because squabs are as cheap as a can of ether, and you can graft without even the consent of the patient, or, in fact, the patient hardly knowing what you are doing.—*Bos. Med. and Sur. Jour.*

**Gunshot Wound of Stomach.**—A singular case was reported at the meeting of the Georgia State Medical Association in April. The patient, a negro, had received a pistol shot said to be in the stomach. After careful examination, the doctor found that in the fight, which had occurred two hours previously, his patient had received a wound directly over the stomach. A casual examination with the eye alone was all that was necessary to show that the ball had penetrated the cavity of that organ. A more thorough examination was made with the probe, and it was found that the ball had entered at a point about two

inches below and to the left of the nipple, at the tip of the ensiform cartilage of the sternum. The probe passed readily into the cavity of the stomach and the doctor supposing that the ball had passed through and lodged in some other portion of the body, did not pursue the examination further. At a third visit, which was about forty-eight hours after the boy had received the shot, he ascertained that there had been two or more free evacuations from the bowels, and to his great surprise, the ball had passed with one of these evacuations. The wound healed by first intention, and just one week from the date of the injury the boy returned to his work.—*Southern Medical Record*.

Dr. W. W. Keen, in a paper read before the Philadelphia Academy of Surgery called attention to a method of operating about the face, by which but little blood enters the mouth during the operation. He placed the patient on a flat table, with the operated side turned a little down and cut through the skin down the mucous membrane, but not through it. He then secured all the vessels before opening into the mouth. In this way the blood was prevented from entering the mouth, and the total loss of blood lessened. In this case Stenson's duct was involved in the operation; it was stitched to the mucous membrane of the upper jaw, and there had not been the slightest trouble from fistula. The incision was a very wide V, the linear incision corresponding to the apex of the V being on the cheek, and the widest part is the base of the V inside the mouth.—*College and Clinical Record*.

**Chronic Nasal Catarrh, and what the General Practitioner can do for it.**—Dr. Edward J. Birmingham read a paper on this subject. He thought that on account of the extreme frequency of chronic nasal catarrh, which was to be regarded not as a disease, but as a symptom of various pathological conditions, every physician should have some practical knowledge of rhinology. In order to diagnose and successfully treat ordinary cases very little apparatus was required, and anyone by devoting a little attention to the subject could readily acquire all the skill that was necessary in making examinations and in the application of remedies. In case any condition were

present which required operative procedures the general practitioner would thus be enabled to detect the trouble and send the patient to a specialist, and if this were not the case he would be fully competent to conduct the treatment himself. The ordinary nasal douches, he said, were apt to prove injurious, and it was equally injurious to forcibly inject fluid into the nasal cavity. As a substitute he exhibited a convenient douche, by means of which fluid was made to pass gently through the passages merely by gravity. He also explained the method of using sprays and insufflations, anteriorly and posteriorly. As an alkaline and antiseptic agent, he had found glyco-thymoline a most admirable preparation, and he had also found a solution of iodoform and tannin in ether (which left the iodoform and tannin deposited upon the mucous membrane) extremely efficacious. For insufflation stearate of zinc was one of the most useful remedies, and in atrophic catarrh the use of Reichard's ventral oil had been attended with good results in his hands. In conclusion, he spoke of the necessity of judicious constitutional treatment in connection with local measures, and incidentally remarked that if any permanent benefit was to be expected it was essential that the patient should entirely give up smoking, if he were addicted to the habit.—*Medical Record*.

**Restoration of the Eyelid by Means of the Skin of a Frog.**—Gillet de Grandmont presented to the Ophthalmological Society of Paris (*Annales d' Oculistique*, April, 1893) a young man, aged eighteen, who was afflicted with cicatricial ectropion of the upper eyelid, rendering closure of the eyes impossible. There was a separation of eight millimetres between the palpebral edges. He proceeded first to suture the eyelids, after relieving the ectropion, obtaining a large surface, which he covered by means of the skin taken from the stomach of a frog, rendered aseptic by allowing the animal to float in a solution of boracic acid. He manufactured a tessellated graft by means of small sections of the skin placed one in contact with the other. The result was good, although several of the sections gave way and had to be replaced. At the end of six months the eyelids were practically normal.—*The Therapeutic Gazette*.

**Surgical Treatment of Gall Stones.**—Duncan (*Edinburgh Medical Journal*, June, 1893), after detailing several cases coming under his observation, reaches the following conclusions:

1. That when the stones lie in the gall bladder or lightly impacted in the cystic duct, cholecystotomy is a safe and easy operation.

2. That if the stone be impacted in the common duct, the gall bladder is apt to be small, and such structures as the stomach and colon are prone to be adherent in awkward positions.

3. That in such cases it is safe to incise the duct and drain from the wound.

4. That, considering the perfect health enjoyed by patients with biliary fistula, there are few cases in which it would be justifiable to form a new route for the bile into the bowel.—*The Therapeutic Gazette*.

**Reposition of Incarcerated Hernias with the Aid of Electricity.**—Dr. J. Marcle (*Wiener med. Presse*, No. 23, 1893) has employed galvanic currents of high intensity in the reposition of incarcerated hernias. The patient is placed in a position favorable for taxis and a moderate-sized positive electrode is applied to the hernia, armed with a sponge, dipped in warm salt and water, while a second, the negative, pole, is applied a few centimetres away from the hernia. The current of a battery of twenty to thirty elements is allowed to act, increasing its intensity for two to five minutes as much as the patient will be able to bear. Then remove the electrode and try taxis, which, if it fail, may be followed by a second application. In this way he has been able to reduce even old irreducible hernias. In these latter the séances were held daily, or every two to three days, and were not longer than fifteen minutes in duration. In a few weeks after the adhesions have separated or weakened the hernia may be easily replaced.—*Lancet-Clinic*.

**Chancres.**—Excision of the chancre has been tried a sufficient number of times to show that it cannot be relied upon in any way to prevent infection of the system with syphilis. A recent writer in the *New York Medical Journal* gives a resumé of the opinions of leading syphilographers and they are almost unanimously against the procedure, Neisser and

Auspitz forming the only exceptions of note. The writer referred to describes two cases in his own practice, one where he excised a chancre upon its first appearance eighteen days after exposure, and the other where he cauterized an abrasion upon the prepuce only two hours after the suspicious intercourse, but in both of these cases secondary symptoms appeared in due course of time.—*North-western Lancet*.

**Tropacocaine in Ophthalmic Practice.**—In the *British Medical Journal* for June 24th Dr. G. Ferdinands publishes the results of his clinical observations on tropacocaine in ophthalmic practice. He finds that it is more reliable in its action than cocaine, the anæsthesia it produces lasting a little longer and also being produced in inflamed tissue. There is a complete absence of that haze over the cornea that is so characteristic of cocaine anæsthesia. For general use a two-per-cent. or three-per-cent. solution is sufficient, and a five-per-cent. solution may be used with safety when anæsthesia of the deep-seated parts of the eye is required. The solutions made with distilled water keep well and retain their strength for months; and in only one case, in which a ten-per-cent. solution was used, did any disagreeable symptoms occur. It practically has no mydriatic action and it is not a hæmostatic.—*New York Medical Journal*.

**Treatment of Compound Fractures.**—Treves recommends a method of treatment for compound fractures which he has used in his wards in the London Hospital, in sixty-one cases during the past six years.

1. The limb is at once covered with lint soaked in carbolic solution, and subsequently carefully cleaned, protruding fragments of bone replaced, etc.

2. Ordinary wooden splints are employed, well padded, and held in place by fine webbing fastened by buckles, thus permitting tightening or loosening without disturbing the limb, as well as free inspection. Bandages or adhesive strips are deprecated.

3. The limb is kept throughout the treatment in the open air, the atmosphere under the bedclothes being particularly dangerous. In fact all wounds of the lower extremities are kept out of the bedclothes in the writer's wards.

4. To allow free exit to blood and serum, and,



at the same time prevent infection, iodoform or creolin powder is dusted freely over the wound, more being added as fast any discharge comes through. A crust is thus formed, which, when picked off at the end of a week, exposes a healed or healing wound. When the opening is in a dependent position, a quantity of powder is dusted on a wad of cotton and thus applied to the wound.

Eighty per cent. of these cases healed without suppuration, eleven suppurated, and five required secondary amputation.—*Annals of Surgery*.

**Treatment of Burns.**—The most exquisitely painful burns are assuaged in a few moments by an application of cocainized campho-phenique, after the following formula : R. Cocaine Hydrochlorate, grs. v.; Campho-Phenique, Olive Oil, aa ʒss. M. Rub up the cocaine and campho-phenique and add the olive oil. A man whose hand had been torn and badly burned by an electrical discharge, the pain of which was so severe that he fainted twice before the dressing could be applied, expressed himself as absolutely without pain in less than one minute after the application.—*Med. Review*.

**Infantile Constipation.**—When the stools are hard and clay-coloured, the following has been recommended by Ringer :

R.—Resinæ podophylli . . . . . gr. i.  
Alcoholis . . . . . ʒ i.

M.—Sig. One or two drops on sugar t.i.d. to infant one or two months old.—*Medical World*.

**Trephining for Cerebral Softening.**—Lanphear (*Univ. Med. Mag.*, July, 1893) advocates trephining in cases of softening after cerebral hæmorrhage, in which evidence is presented of profound irritation or disturbance in those convolutions which preside over the intellect, long after the subsidence of immediate pressure symptoms. In such cases, it is thought, surgical treatment may be fairly applied ; not with the object of improving paralysis or any other manifestation of destruction of the cortex or communicating fibres, but of clearing out a quantity of irritating material, and substituting some other, as blood-serum or cerebro-spinal fluid, which will, within a brief period, fill

the cavity and not give rise to symptoms of irritation. A case is reported in which trephining was practised on a man aged 56, who, after an attack of cerebral hæmorrhage six years previously, remained totally aphasic and paralyzed in the right arm. The memory was good, and the intellect not persistently affected ; but the patient at times was very irritable, and had frequently threatened the life of his wife. He often suffered intensely from headache. The skull was trephined over the region of the lower part of the left Rolandic fissure, and exit given to a large quantity of broken-down brain matter and other *débris* of a creamy consistence. The operation was followed by a speedy recovery, and since June 27th, 1892, the date on which it was performed, the patient had had no recurrence of the headache or mental irritability, though, of course, there was no improvement with regard to the aphasia and the paralysis of the right arm.—*British Medical Journal*.

**Chancres of the Hands and Fingers.**—Prof. Fournier (*Hospitals-Tidende*, No. 10, 1893) finds chancres of the hands and fingers to be chiefly observed in physicians, medical students, and midwives, in following their profession. It rarely resembles the usual chancre. At the ends of the fingers they do not present induration, around the nail they are horse-shoe shaped at the lower border, or bean-shaped at the side of the nail. It may resemble a simple felon. Chancres of the fingers are usually followed by severe symptoms, for in fourteen out of forty-nine cases there were grave tertiary symptoms, and six with cerebral syphilis. In grave cases he has the arm carried in a sling, lukewarm local baths twice a day for twenty minutes at a time, and dresses it with iodoform salve and cotton. In chancre of the nail, it is better to remove the nail sooner or later. As soon as the diagnosis is made, begin anti-syphilitic treatment, and as energetically as the patient can bear it.—*Lancet-Clinic*.

**The Toxin of Tetanus.**—Courmont and Doyen (*Province Médicale*, March 18), as the result of a study of the pathogeny of tetanus, arrive at the conclusion that the bacillus of Nicolaïer gives rise to the symptoms of tetanus through the intermediation of a soluble ferment which generates.

This ferment, which is not toxic *per se*, elaborates within the organism a substance of tetanizing properties, comparable in its effects to strychnine. This secondary substance may be found in the tetanized muscles, in the blood, and sometimes in the urine. It resists prolonged boiling, while the products of the tetanus bacillus are rendered innocuous by exposure to a temperature of 149°. Certain conditions of temperature seem essential to this reaction. This will explain the immunity of frogs to tetanus in winter-time. Immunity, natural or acquired, artificial immunization, may be considered the result of influences that prevent, retard, or arrest this process of fermentation. It is probable that other products of microbic activity, said to be toxic, act equally as ferments, producing toxic matters within the organism. It may be that the paralysis and other late accidents of diphtheria can be explained in a similar manner.—*Medical Progress*.

**A New Sign of Internal Strangulation.**—Gangolphe (*Rev. de Chir.*, May, 1893), at the last meeting of the French Surgical Congress, directed

attention to a new sign, by means of which, it is thought, internal strangulation may be distinguished from other forms of intestinal obstruction. In a case of obstruction of uncertain diagnosis, laparotomy gave issue to a quantity of sero-sanguineous fluid similar to that found in the sac of an ordinary strangulated hernia. On exploration of the abdominal cavity, the cause of the obstruction was discovered in an internal strangulation of intestine in the foramen of Winslow. It occurred to the author that the presence of such sero-sanguineous fluid might be characteristic of internal strangulation, and so enable the surgeon to distinguish obstruction of this kind from those forms due to other causes. Experiments made on dogs have since confirmed this view, by showing that constriction of a loop of intestine by an elastic ring results in an effusion of sero-sanguineous fluid both into the peritoneal cavity and into the intestinal canal, the quantity of such exuded fluid being in proportion to the extent of strangulated intestine, and to the intensity of the constriction. This fact, it is held, is of practical value. Intestinal obstruction due to strangulation not being, like

[OVER.]

## THE TRUSTS CORPORATION OF ONTARIO.

OFFICES AND SAFE DEPOSIT VAULTS:

BANK OF COMMERCE BUILDING, KING ST., TORONTO.

Authorized Capital,	-	-	\$1,000,000.
Capital Subscribed,	-	-	\$800,000.

### DIRECTORS:

HON. J. C. AIKINS, P.C., TORONTO, <i>President</i> .	
HON. SIR R. J. CARTWRIGHT, K.C.M.G., KINGSTON,	} <i>Vice-Presidents.</i>
HON. S. C. WOOD, TORONTO,	

J. L. BLAIKIE, Esq., Toronto, <i>President Canada Landed &amp; N. Inv. Co.</i>	J. J. KENNY, Esq., Toronto, <i>Managing Director West'n Assurance Co.</i>	J. H. PLUMMER, Esq., Toronto, <i>Assistant General Manager Canada Bank of Commerce.</i>
WM. COOKE, Esq., Toronto.	G. W. KIELY, Esq., Toronto, <i>President Toronto Street Railway.</i>	HUGH RYAN, Esq., Toronto, <i>Director Imperial Bank of Canada.</i>
HON. C. F. FRASER, M.P.P., Brockville, <i>Minister of Public Works, Prov. of Ont.</i>	M. LEGGAT, Esq., Hamilton, <i>President Landed Banking &amp; Loan Co.</i>	JOHN STUART, Esq., Hamilton, <i>President Bank of Hamilton.</i>
HON. J. R. GOWAN, Barrie, <i>Senator of Canada.</i>	ALEX. MANNING, Esq., Toronto.	J. TURNBULL, Esq., Hamilton, <i>Cashier Bank of Hamilton.</i>
WM. HENDRIE, Esq., Hamilton, <i>Director Canada Life Assurance Co.</i>	WILMOT D. MATTHEWS, Esq., Toronto, <i>Director C. P. Ry. and Dominion Bank.</i>	

The Corporation is accepted by the High Court of Justice as a TRUSTS COMPANY, under the approval of the Ontario Government, and is authorized to act as **Executor, Administrator** in case of intestacy, or with will annexed. **Trustee** under deed, will, court appointment or substitution. **Receiver, Committee of Lunatics, and Custodian of the Estates and Properties of Lunatics. Guardian of Children, also as Agent for Executors, Trustees** and others, thus relieving them from onerous, and oftentimes disagreeable duties.

The Corporation also acts as **Agent** in financial business of all kinds—Collecting of Rents, Income, etc., Issue and Countersigning Bonds, Debentures, etc.

Our Deposit Vaults are absolutely secure and every convenience provided for the storing of valuables of all kinds at small expense. Wills appointing the Corporation as Executor are received for Safe Custody, free of charge.

The employment of the Corporation will be found prompt and economical. Solicitors placing business with it, are continued in the legal work thereof.

**A. E. PLUMMER, MANAGER.**

other forms of obstruction, amenable to any method of treatment short of surgical operation, the presence of dulness, owing to ascites, should indicate the necessity of prompt laparotomy, and of careful exploration until the seat of strangulation has been found. This sign is likely to be of especial value in cases of intestinal obstruction in the female, as the presence of ascites in the abdominal cavity may be readily determined, even where the amount of effused fluid is small, by vaginal exploration.—*British Medical Journal*.

DR. SCHULTZ, of Buda-Pesth, reports ten cases of uterine cancer in which the disease was arrested by injections of alcohol.

#### MIDWIFERY.

**Cure of Vaginal Fistula.**—Skutsch, of Jena (*Centralb. f. Gynak.*, No. 25, 1893), describes a new manner of treating this troublesome condition. He confines himself to cases where the border of the fistula is very hard through abundance of cicatricial tissue, so that it cannot be safely pared and

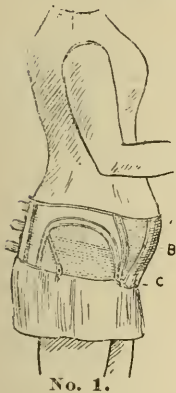
closed directly. He, therefore, covers the fistula with some of the neighbouring vaginal wall, which is easily dissected up and drawn over the opening. This practice is easiest when the fistula lies high in the vaginal vault, for the dissected up piece of mucosa can be readily displaced to an extent sufficient to avoid dangerous tension by drawing down the cervix. Skutsch has cured in this way a recto-vaginal fistula situated high up in the vagina.—*British Medical Journal*.

**"Spontaneous" Parting of the Symphysis.**—Oehlschlager (*Centralblatt f. Gynak.*, No. 24, 1893) attended the first labour of a delicate, thin-boned girl, aged 20. She had two severe convulsions as labour set in, and the legs were cedematous; albuminuria was also detected. As it was clearly necessary to end the labour as quickly as possible, Oehlschlager put on the forceps. He had to employ considerable force. As the head was being brought down, a loud snap was heard by the operator and the patient's sister, who assisted. The symphysis had parted to the extent of an inch. The forceps could then be used with

|OVER.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

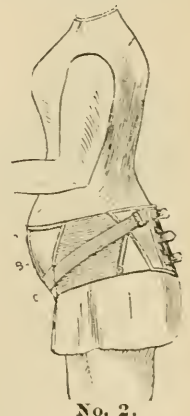


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. Once used, would not be without it for many times its cost.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. S. PICKERING,

BOX 149,

BRANTFORD,

ONTARIO.



ease, and a living child, weighing nine pounds, was delivered. No more convulsions occurred. On the next day a broad, well-padded belt was applied to the pelvis. There was no fever. At the end of three weeks the patient was able to stand, but the labour occurred as recently as April 27th, 1893, and when the report was written—early in June—there was still a gap two-fifths of an inch wide. The belt should be strapped as firmly as possible in these cases. At first, any movement of the thighs, by the nurse or voluntarily, caused sharp pain.—*British Medical Journal*.

### Personals.

Dr. Rogers, of Durham, left for a trip to Mackinac last Tuesday.

Dr. Anderson, of Otterville, has been spending a short time in London.

Dr. A. M. Hunter, of Bay City, has been spending a short time in Stratford.

Dr. Robinson, of Markham, met with an accident at Niagara Falls last Friday, in which he had a rib fractured.

Dr. T. T. Coleman, of Seaforth, one of the veterans of the West, died a few days ago.

Dr. Richardson, of Toronto, has been spending his holidays on Balsam Lake, near Coboconk.

Dr. Harvie, of Coldwater, has been taking his vacation by going to see the prairies of the West.

Dr. J. M. Charcot, of Paris, France, whose writings are familiar to every physician, has passed over to the great majority.

Dr. Bray, of Chatham, representative of his own division in the Council, has returned from a trip to Port Arthur per SS. *Monarch*.

Dr. A. M. Makejew, late Professor of Midwifery in the University of Moscow, has bequeathed 200,000 roubles (\$100,000) for the erection of a church in connection with the various clinics of that University.

Professor Adam Politzer, of Vienna, has been appointed by the Austrian Cultus-Minister, a scientific delegate to the Medical and Hygienic Exhibition, to be held at Chicago in connection with the World's Fair.

[OVER.]



## PIZZALA'S ELIXIR OF PEPTONATE OF IRON

Elixir Ferri Peptonati [Pizzala].

**DOSE.**—A teaspoonful three times daily for children.

“ A dessert to a tablespoonful, for adults, three times a day, EITHER BEFORE OR AFTER MEALS. ”

### ADVANTAGES OVER ALL OTHER IRON PREPARATIONS :

- |   |  |
|---|--|
| <p>(1) It does <u>not produce digestive disturbances of any kind, but aids digestion and stimulates the appetite.</u></p> | <p>(2) It does <u>not constipate.</u></p> <p>(3) It does <u>not injure the teeth.</u></p> <p>(4) It is quite agreeable to the taste.</p> |
|---|--|

**INDICATIONS.**—Anæmia, Chlorosis, Nervous Diseases, Diseases of the Digestive tract, Albuminuria, BRIGHT'S DISEASE, DIABETES Mellitus, Cystitis, General Debility and Exhaustion, etc., etc.

The Elixir of Peptonate of Iron “Pizzala” is a *chemical* compound and *not* a mechanical mixture. It is the ONLY IRON MEDICINE WHICH IS READILY ABSORBED AND ASSIMILATED. Hundreds of testimonials of eminent physicians testify as to its great therapeutical value. Prof. Erb, of Heidelberg University, says: “You must be satisfied when I tell you that I make use of Pizzala's Elixir of Peptonate of Iron with my patients *exceedingly* often, and that I *recommend* it occasionally in my *clinical lectures*.”

As many worthless imitations of this widely spread and highly recommended medicine have been attempted, Doctor, please prescribe it in the *original bottles*, containing half a pint, and bearing the firm name of the sole agents,

**ROTHSCHILD BROS. & CO.,**  
428, 430, and 432 Broadway, New York.

Dr. Bettridge, of Strathroy, has been spending a few weeks fishing in the St. Clair River.

Dr. W. H. Groves, of Burnhamthorpe, has been spending the past few months in New York, attending the Polyclinic there.

We are pleased to hear that Dr. H. L. Barber, of Emsdale, who has been in the Toronto General Hospital for the past eight weeks suffering from typhoid fever, is well on his way towards recovery.

Dr. S. Pozzi, of Paris, has been commissioned by the French Ministry to proceed to the United States and to study the organization and installation of surgical laboratories, instruments used in practice of surgery, as well as general questions of the teaching of medicine and surgery.

---

### Miscellaneous.

---

Liebig says: "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly

considered and kept in view as the ultimate and most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have

[OVER.]

---

## RELIABLE AND PROMPT

---

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

**T**HERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon **SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES** to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. **SCOTT'S EMULSION** remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.

besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the *faeces* after taking *Morse's Diastase*.

Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

### A Case of Locomotor Ataxy and Complete Paraplegia Cured with Pil. Hæmætinic: of Dr. Howard.—By A. P. Landry, M.D.

The case I am about relating is that of Madame, wife of Mr. Alex. LeBlanc, of Abram River, in the County of Yarmouth, N.S.

A couple of months after confinement in the beginning of 1891, Mme. LeBlanc began to be troubled with headaches, without at first any other apparent disorder. She was not long, however, before feeling a sense of numbness about her toes and the soles of her feet. She consulted a physician, who treated her for a while, but she did not improve. Insensibility kept increasing upward, and locomotion became difficult. It was at this stage of her trouble that I was consulted. I found tenderness in diffuse spots along the spine, but she had no headache, and very little fever. She was given the usual remedies, and her spine was blistered all over the tender spots. But the trouble continued to increase until she could not walk, and had to be confined most of the time to her bed. Insensibility was now up to her body, but she had yet control of her evacuations. Frictions with

[OVER.]

---

The following is from one of the oldest and most successful Druggists in Toronto, HUGH MILLER, Esq., Justice of the Peace, who is well and favourably known throughout Ontario.

TORONTO, NOVEMBER 24, 1884.

CHARLES CLUTHE, Esq.

DEAR SIR,—After an experience of over forty years, during which time we have dealt in all the principal improved makes of trusses, we have much pleasure in testifying that we find your patent SPIRAL SPRING TRUSS to be far in advance of all other kinds. Our experience has also taught us that the importance of having the truss properly applied, in the first instance, is so necessary that we shall in future advise our customers to apply to you personally when requiring an appliance of this kind, so that their case may have your personal attention and advice; and for that reason we will discontinue keeping trusses on hand, notwithstanding the loss we will occasion ourselves thereby, for our confidence in your appliance is so great, that we feel we will be acting to the advantage of the public in so doing.

Yours truly,

HUGH MILLER & CO.

---

SEE OUR EXHIBIT AT INDUSTRIAL FAIR, TORONTO, NEAR THE FOUNTAIN.

CHARLES CLUTHE,

134 KING ST. WEST,  
TORONTO, ONTARIO.

Send for Price List of Surgical Instruments, Dressings, Etc.



liniments or salt water were daily made over the lower limbs and spine, but nothing appeared to have any influence in conquering the invasion of the enemy.

She again passed into the hands of other physicians, who, alternately for several months, tried what they could do for her. During that time I had not seen her. She had been dosed with all the remedies generally indicated in such affections, and her spine had been all along repeatedly blistered, etc. *She had lost all control over her bladder and bowels*, and she remained in that condition for about four months, a most miserable invalid, having to be attended to like a baby, without the least sensation from her waist down. She was then pronounced incurable by all the physicians who saw her, and she had given up all hopes of ever being able to walk, and having again the natural control of herself. It was at this period of her case that I was providentially apprised of the effects of pil. hæmatinic (Howard's) in such affections. I at once determined to give them a trial. I visited her and proposed treatment. She was rather reluctant about submitting to further trials

with her disease, but she finally consented, and I sent for the pills.

I began treatment on the 24th of April, 1892, giving one pill *ter. die*. In a few days she began to feel slight shocks along the lower extremities, and considerable pain about the sacrum, which I blistered. The blister relieved the pain some for a few days. After a few weeks she was given four pills a day. The shocks all along the lower extremities became more violent, and she had severe pain in the sacral region. Morphine was given by the mouth and hypodermatically without relieving the pain. A combination of bromide of potash and hyoscyamus was given, which for a time somewhat relieved the pain. But she objected to the bromide, saying it made her feel badly, without relieving the pain enough to allow her to sleep. Acetanilide, antipyrin, and antikamnia were the drugs she took most easily, and gave her most general relief. But sometimes in the intervals of the doses the pain in the legs and sacrum would return with such violence that she could not bear it without being thrown into spasms. At this juncture—three weeks from beginning treatment—

[OVER.]



## Surgical Instruments, Dressings and Supplies.

PRINCIPAL AGENTS IN CANADA FOR THE

J. Elwood Lee Co., and Seabury and Johnson's

## DRESSINGS, ETC.

MANUFACTURER OF . . . . .

Trusses and  
Orthopædic  
Instruments.

## CHARLES CLUTHE,

Surgical Instrument Maker,

134 King Street West,  
TORONTO, CANADA.

I stopped giving the pil. hæmatinic, and the pain began to abate, and disappeared entirely in eight days. The pills were again given, one *ter. die*. The pain not returning after two weeks, she was given four pills a day. Sensation then increased fast, and motion of the toes and feet began to be quite marked. Two weeks later, there being hardly any pain, she began taking five pills a day. Shocks and contractions became frequent but not painful. Ten weeks from beginning treatment with the pills, sensation and motion extended more or less all over the lower extremities and the pelvis. She had now control of her bladder and bowels, and felt comfortable. Two weeks later she began taking six pills a day; a few days after, she could stand on her feet and move them forward on the floor, two persons holding her by the arms; two weeks later, that is, fourteen weeks after commencing to take the pills, she could walk with crutches, and go out of doors; two weeks later she could walk around in the neighbourhood with the use of a cane only. She continued to take her six pills a day, improving in every way all the time, while attending to her usual housework, in and out, using

a cane part of the time for extensive walks. She is now attending to her family duties, and walking without any support. The only difference from her old natural locomotion is a slight oscillation of her body while stepping quickly forward.

She has now taken any of pil. hæmatinic for nearly six weeks. The habitual constipation, with which she used to suffer, has now entirely disappeared. While taking the pills for the first six months, she was frictioned once or twice daily along the spine and lower extremities with seawater or salted water, and sometimes with stimulating liniments.

I consider her now perfectly cured, and I firmly believe that the cure was operated through the combined medicinal agency of pil. hæmatinic of Dr. Howard.

Eel Brook, Yarmouth Co., N.S.,

June 12th, 1893.

Of the fifty doctors who went to Hamburg to assist in the care of the cholera patients, it is said scarcely one escaped a more or less severe attack. —*Ex.*

[OVER.]

## The LYMAN BROS. & CO. (Ltd).

### CHLOROFORM

PURE. Lyman's S. G. 149.

AND

### ETHER SULPHURIC

PURE. Lyman's S. G. 725.

#### FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late Dr. J. H. McCollum says of our CHLOROFORM, "that during the nearly five years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by **The LYMAN BROS. & CO., Ltd.**, was administered to about *one thousand* annually, and in no case had we fatality from it. *I have also used it for thirteen years* in private practice."

Dr. T. G. Johnston, *Sarnia*, says: "For the last six or seven years I have used no other Chloroform than that manufactured by **The LYMAN BROS. & CO., Ltd.**, both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

#### WE CLAIM THE FOLLOWING ADVANTAGES—

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

Dr. C. O'Reilly, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by **The LYMAN BROS. & CO., Ltd.**, has been extensively used for anæsthetic purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

Dr. James F. W. Ross says: "I have overcome my former prejudice against Ether, but **The LYMAN BROS. & CO., Ltd.**, are now supplying an article put up in  $\frac{1}{4}$  and  $\frac{1}{2}$  lb. tins equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

#### WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

(When ordering, specify LYMAN BROS.)

The LYMAN BROS. & CO. (Ltd.) = TORONTO.

# CANADA'S GREAT INDUSTRIAL FAIR

**TORONTO, SEPTEMBER 4 TO 16, 1893**

WILL EXCEL ALL OTHERS.

All the space in every building has been applied for. Immense entry of Live Stock and Agricultural Products, and greatest list of special attractions yet provided.

## GREAT MILITARY TOURNAMENT

AND

## BATTLE OF TEL-EL-KEBIR.

*GREAT ARABIAN EXHIBITION by Troupes of Bedouin Arabs*

## CONGRESS OF NATIONS

Exhibiting the natives of Java, South Sea Islands, Dahomey, Lapland, Algeria, Persia, Egypt, Turkey, India, Japan, China, Morocco, etc., etc., with specimens of their handicraft, mode of living, etc.

## GRAND ELECTRICAL EXHIBITION

By all the principal electrical companies, showing the latest inventions to which this great science has been applied, including all systems of electric lighting, distribution of power by electricity, cooking, heating, and many other features.

## A GREAT INTERNATIONAL DOG SHOW

## REFINED SPECIALTY ENTERTAINMENTS

In front of the grand stand every afternoon and evening by a host of the very best obtainable artists in the specialty firmament.

CHAS. CLUTHE, Surgical Instrument Maker, of 134 King Street West, Toronto, will have two Exhibits near the Fountain, Main Building, one of Orthopædic Instruments and one of Surgical Instruments and Surgical Supplies.

S. B. CHANDLER & SON, of 110 Victoria Street, Toronto, exhibit a full line of Surgical Instruments and Supplies, and also a complete line of Parke, Davis & Co.'s elegant preparations.

AUTHORS & COX, of 135 Church Street, Toronto, will exhibit a full line of Artificial Limbs, Trusses and Surgical Appliances.

**J. J. WITHROW,**  
*President.*

**H. J. HILL,**  
*Manager, Toronto.*

THE ONTARIO MEDICAL JOURNAL will have an Office in the Press Bureau and cordially invite all medical men visiting the Fair to call upon them.



SEE "NOTE" BELOW.



NOTE.—Physicians Furnishing Address will be sent Samples and Literature free, by The Antikamnia Chemical Company, St. Louis. Responses will Secure Continuous Favours.

## OUR EXHIBIT

AT THE

## INDUSTRIAL EXHIBITION

(MAIN BUILDING.) :: :: TORONTO, SEPTEMBER 4-16.

Will include the Latest Novelties in

ASEPTIC SURGICAL INSTRUMENTS . . . . .  
 ANTISEPTIC SURGICAL DRESSINGS AND SUPPLIES . . . . .  
 DRUGS, SUNDRIES AND RUBBER GOODS . . . . .  
 DENTAL OPERATING INSTRUMENTS AND MATERIALS  
 VETERINARY, SURGICAL AND DENTAL INSTRUMENTS  
 SUPPORTERS, TRUSSES, SUSPENSORIES . . . . .  
 PARKE, DAVIS & CO'S PREPARATIONS. . . . .  
 J. ELWOOD LEE CO'S SURGICAL SPECIALTIES . . . . .  
 WAITE & BARTLETT'S ELECTRICAL MACHINERY AND  
 ELECTRODES

The Profession are cordially invited to make our Exhibit their Headquarters on the Grounds.

**S. B. CHANDLER & SON,**

110-112 VICTORIA ST., TORONTO, ONT.

CONFEDERATION LIFE BUILDING.

# “H. V. C.”

(Hayden's Viburnum Compound)

IS ACKNOWLEDGED TO BE THE STANDARD PRESCRIPTION IN THE

## AILMENTS OF WOMEN

AND IN

## OBSTETRIC PRACTICE

By the great majority of the Medical Profession of the United States, without regard to pathics  
Superior to Ergot in all cases.

# “H. V. C.”

Is employed in the following and most of the leading Hospitals with great satisfaction :

Enzworth Hospital, St. Joseph, Mo.

Harper Hospital, Detroit, Mich.

St. Mary's Hospital, Saginaw, Mich.

Maternity Hospital, New York City.

St. John's Hospital, Lowell, Mass.

St. Francis Hospital, Jersey City, N.J.

Columbia Hospital, Washington, D.C.

Rhode Island Hospital, Providence, R.I.

Woman's Hospital, 50th St., New York City.

N. Y. Infirmary (Women and Children), 5 Livingstone Place,  
New York City.

North-Western Dispensary, 403 West 36th Street, New York  
City.

City Hospital, Boston.

Woman's Hospital, Boston.

California Woman's Hospital, San Francisco, Cal.

Pacific Dispensary, San Francisco, Cal.

Children's Hospital, San Francisco, Ca.

Kansas City Hospital, Kansas City, Mo.

Alabama State Insane Hospital, Tuscaloosa.

Presbyterian Hospital, Cincinnati, Ohio.

AND IN MOST REMEDIAL INSTITUTIONS.

The most distinguished Physicians in the United States prescribe and recommend

## HAYDEN'S VIBURNUM COMPOUND

Write only for “H. V. C.” Put up in 4 oz., 10 oz. and 16 oz. bottles, and dispensed  
by all first-class pharmacists.

Send your address for our large Hand-Book. FREE to Physicians only.

THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.

# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year==Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**F. E. FARRELL, SUPERINTENDENT.**

**CLARENCE C. RICE, M.D., SECRETARY,**

226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.



ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

# WM. R. WARNER & CO.'S SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: RELIABILITY,  
SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.

We append an abridged list of selected formulæ, of value to the general practitioner, any of which we will forward by mail on receipt of price.

SOLUBLE COATED PILLS.	BOTTLE		SOLUBLE COATED PILLS.	BOTTLE	
	100	500		100	500
<b>Abernethy's</b> (Aperient) . . . . .	75	3 50	Pulv. Ipecac, 1-10 gr.		
Dose, 1.			Maas Hydrarg, 2 grs.		
Pulv. Aloes Socot., 2 grs.			Ext. Coloc. Co., 2 grs.		
Pulv. Ipecac. 5-6 gr.			<b>Aperient</b> (Dr. Fordyce Barker) . . . . .	1 00	4 75
Pil. Hydrarg., 1 gr.			Med. prop.—Aperient. Dose, 1 to 2.		
Ext. Hyoscyam, 2 grs.			Ext. Coloc. Co., 1 2-3 grs.		
<b>Ague</b> . . . . .	75	3 50	Ext. Nuc. Vom., 1-2 gr.		
Medical properties—Antiperiodic.			Ext. Hyoscyam., 1 1-4 grs.		
Dose, 2 to 4.			Pulv. Ipecac, 1-12 gr.		
Chinoidin 2 grs.			Pulv. Aloes Soc., 5-12 gr.		
Ext. Coloc Comp. 1 3 gr.			Res. Podophylli, 1-12 gr.		
Ol. Pip. Nig., 1-6 gr.			<b>Cascara Comp.</b> . . . . .	75	3 50
Ferri Sul., 1-2 gr.			Med. prop—Laxative Cathartic.		
<b>Anthelmintic.</b> . . . . .	1 00	4 75	Dose, 2 to 4.		
Med. properties—Anthelmintic.			Ext. Cascara Sagrad., 3 grs.		
Dose, 1 to 2.			Res. Podophylli. 1-8 gr.		
Santonin, 1 gr.			<b>Chalybeate</b> , 3 grs. . . . .	60	2 75
Calomel, 1 gr.			Med. prop.—Antichlorotic. Dose,		
<b>Anti-Bilious</b> (Vegetable) . . . . .	50	2 25	1 to 5		
Med. prop.—Cholagogue, Cathartic.			Ferri Sulph., 1 1-2 grs.		
Dose, 2 to 3,			Potassa Carb., 1 1-2 grs.		
Pv. Ext. Col. Co., 2 1-2 grs.			<b>Cathartic Comp. Cholagogue</b> . . . . .	60	2 75
Podophyllin. 1-4 gr.			Med. prop.—Cathartic Dose, 1		
<b>Anti-Constipation</b> . . . . .	75	3 50	to 2.		
Dose, 1 to 4.			Res. Podophylli. 1-2 gr.		
Podophyllin, 1-10 gr.			Pil. Hydrarg., 1-4 gr.		
Ext. Nuc. Vom., 1-4 gr.			Ext. Hyoscyami, 1-8 gr.		
Pv. Capsici, 1-4 gr.			Ext. Nuc Vom., 1-16 gr.		
Ext. Belladon, 1-10 gr.			Ol Res. Capsici, 1-8 gtt.		
Ext. Hyoscyami, 1-4 gr.			<b>Ergotine Comp</b> (Dr. Reeves) . . . . .	1 75	8 50
<b>Anti-Dyspeptic</b> . . . . .	1 00	4 75	Med. properties—Sedative, Parturi-		
Med. prop.—Applicable where Debi-			ent. Dose, 1.		
lity and Impaired Digestion exist.			Ergotine, 3 grs.		
Dose, 1 to 2.			Ext. Cannab. Ind., 1-4 gr.		
Strychniæ, 1-40 gr.			Ext. Belladon., 1-4 gr.		
Ext. Belladonnæ, 1-10 gr.					

Prepared only by

## WM. R. WARNER & CO.

Originators and Manufacturers  
of Reliable  
Effervescent Preparations.

PHILADELPHIA.

NEW YORK.

LONDON.

Preparations supplied by all leading druggists.

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO.  
EVANS, MASON & CO.  
KENNETH CAMPBELL & CO.  
R. J. DEVINS  
J. WINER & CO.

KERRY, WATSON & CO., MONTREAL  
MONTREAL  
LYMAN BROS. & CO.  
ELLIOT & CO.  
LONDON DRUG COMPANY  
R. W. MCCARTHY  
BROWN & WEBB  
HAMILTON

TORONTO  
LONDON  
ST. JOHN  
HALIFAX

PREPARED BY

W. R. WARNER & CO.

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes.....2 grains. | Pulv. Rose los..... $\frac{1}{2}$  grain.  
" Mastic..... $\frac{1}{2}$  grain. M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastic, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anaemia and Chlorosis, Carles and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

R—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext.....1 gr.  
Assafetida.....2 gr. | Ac. Arsenious.....1-50 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph. Fo SO<sub>4</sub> } Ferri Carb. Fe Co<sub>3</sub>  
Potass. Carb. K<sub>2</sub> CO<sub>3</sub> } = Potass. Sulph. K<sub>2</sub> SO<sub>4</sub>

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with  $\frac{1}{2}$  gr. Ext. Nux Vomica added to each Pill to increase the tonic effect. Dose 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION

R—Pepsin Conc't.....1 gr. | Gingerine.....1-16 gr.  
Pv. Nux. Vom..... $\frac{1}{4}$  gr. | Sulphur..... $\frac{1}{4}$  gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda.....1 gr.  
Salicylic Acid.....1 gr.  
Ext. Nux Vomica..... $\frac{1}{2}$  gr.  
Powd. Capsicum.....1-10 gr.  
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

R—Aloin, 1-5 gr. Strychnine, 1-50 gr. Ext. Belladonna,  $\frac{1}{2}$  gr.  
Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinia  
Ext. Colicicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents

Please Specify WARNER & CO., and order in original bottles of 100 to secure the full therapeutic effect.  
Sent by mail on receipt of price

# McGILL UNIVERSITY, MONTREAL.

## Faculty of Medicine. Sixty-first Session, 1893-94.

### FACULTY.

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Emeritus Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

### EMERITUS PROFESSORS.

W. WRIGHT, M.D.; L. R. C. S. DUNCAN; C. McCALLUM, M.D., M.R.C.S.E.; G. E. FENWICK, M.D.

### PROFESSORS.

ROBT. CRAIK, M.D., Prof. of Hygiene and Public Health.  
G. P. GIRDWOOD, M.D., M.R.C.S. Eng., Prof. of Chemistry.  
THOS. G. RODDICK, M.D., Prof. of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M.D., Prof. of Gynaecology.  
F. J. SHEPHERD, M.D., M.R.C.S. Eng., Prof. of Anatomy and Librarian of the Faculty.  
F. BULLER, M.D., M.R.C.S. Eng., Prof. of Ophthalmology and Otolaryngology.  
JAMES STEWART, M.D., Prof. of Medicine and Clinical Medicine.

GEO. WILKINS, M.D., M.R.C.S., Prof. of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B.Sc., Prof. of Botany.  
T. WESLEY MILLS, M.A., M.D., L.R.C.P. London, Prof. of Physiology.  
JAS. C. CAMERON, M.D., M.R.C.P.I., Prof. of Midwifery and Diseases of Infancy.  
R. F. RUTTAN, B.A., M.D., Assistant Prof. of Chemistry, and Registrar of the Faculty.  
JAS. BELL, M.D., Assistant Prof. of Surgery and Clinical Surgery.  
J. G. ADAMI, M.A., M.D., Cantab. Prof. of Pathology.  
G. W. MAJOR, B.A., M.D., Prof. of Laryngology.

### LECTURERS.

T. JOHNSON ALLOWAY, M.D., Lecturer in Gynaecology.  
F. G. FINLEY, M.B. (Lond.), M.D. (McGill), Lecturer in Medicine and Clinical Medicine.  
H. S. BIRKETT, M.D., Lecturer in Laryngology and Senior Demonstrator of Anatomy.

HENRY A. LAFLEUR, B.A., M.D., Lecturer in Medicine and Clinical Medical.  
GEO. ARMSTRONG, M.D., Lecturer in Surgery and Clinical Surgery.  
T. J. W. BURGESS, M.D., Lecturer on Mental Diseases.

### DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

WM. R. SUTHERLAND, M.D., Demonstrator in Surgery.  
WYATT JOHNSTON, M.D., Demonstrator in Bacteriology.  
JOHN. M. ELDER, B.A., M.D., Assistant Demonstrator in Anatomy.  
J. G. MCCARTHY, B.A., M.D., Assistant Demonstrator in Anatomy.

D. J. EVANS, M.D., Assistant Demonstrator in Obstetrics.  
N. D. GUNN, M.D., Assistant Demonstrator in Histology.  
W. S. MORROW, M.D., Assistant Demonstrator in Physiology.  
R. C. KIRKPATRICK, B.A., M.D., Assistant Demonstrator in Surgery.  
C. F. MARTIN, B.A., M.D., Assistant Demonstrator in Bacteriology.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July, to be taken after the third Winter Session.

The Sixty-first Session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory: a large Chemical Laboratory, capable of accommodating seventy-six students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students, 48 x 40 feet. The first flat contains the research laboratory, culture rooms and the professor's private laboratory, the ground floor being used for the curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened—in September, 1893—and students will have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be twenty-one years of age, having studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to

**R. F. RUTTAN, M.D., REGISTRAR,**  
Medical Faculty, McGill College.



# UNIVERSITY OF THE CITY OF NEW YORK.

## MEDICAL DEPARTMENT.

FIFTY-THIRD YEAR, 1893-94.

## SPECIAL ANNOUNCEMENT.

The Session of 1893-94 will begin Wednesday, October 4th, 1893.

Attention is called to the fact that the curriculum has recently been entirely remodelled and greatly improved. It now consists of a three years' graded course, divided as follows:—

- 1st Year.**—Lectures and recitations from text-books on Anatomy, Physiology and Chemistry. Dissection and Laboratory work in Histology, Materia Medica and Chemistry.
- 2nd Year.**—Lectures on Surgical and Regional Anatomy, Experimental Physiology, Experimental Chemistry, Physics and Hygiene, and Materia Medica. Recitations from text-books on Pathological Anatomy, Practice of Medicine, Surgery, Materia Medica, Obstetrics and Demonstrations on the Manikin. Laboratory work in Pathology; Clinics in Bellevue Hospital and the College Building, on Medicine, Surgery and Gynecology.
- 3rd Year.**—Lectures on Practice of Medicine, Surgery, Obstetrics, Gynecology, Therapeutics and Pathology, with Autopsies. Bedside teaching in small classes in the Wards of Bellevue Hospital on Medicine, Surgery and Gynecology. Clinics in Bellevue Hospital and the College Building, on Medicine, Surgery and Gynecology.

### Special Clinics.

OPHTHALMOLOGY.  
OTOLOGY.

LARYNGOLOGY.  
ORTHOPÆDY.

PEDIATRICS.  
SKIN DISEASES.

VENEREAL DISEASES.  
NERVOUS DISEASES.

Examinations are held at the close of each year.

The marks received for proficiency in practical work in the Laboratory, Dissecting Room, etc., are added to the final examination marks in each corresponding subject.

## Faculty of Medicine.

REV. H. M. MACCRACKEN, D.D., - *Chancellor.*  
CHAS. INSLEE PARDEE, M.D., - *Dean.*

### PROFESSORS.

ALFRED L. LOOMIS, M.D.	R. A. WITTHAUS, M.D.	STEPHEN SMITH, M.D.	C. S. BULL, M.D.
W. H. THOMSON, M.D.	WM. G. THOMPSON, M.D.	A. E. MACDONALD, M.D.	H. G. PIFFARD, M.D.
WM. M. POLK, M.D.	GEO. WOOLSEY, M.D.	J. C. EDGAR, M.D.	J. E. WINTERS, M.D.
L. A. STIMSON, M.D.	H. P. LOOMIS, M.D.	E. D. FISHER, M.D.	

### CLINICAL PROFESSORS.

P. A. MORROW, M.D.	A. M. PHELPS, M.D.
W. C. JARVIS, M.D.	E. LEFEVRE, M.D.

### ADJUNCT PROFESSORS.

C. E. QUIMBY, M.D.	JOHN B. KNAPP, M.D.
F. W. GWYER, M.D.	JUSTIN L. BARNES, M.D.

### ASSISTANT PROFESSOR.

IVIN SICKELS, M.D.

The College possesses a corps of 64 Professors and Instructors in its various departments; and in addition to well-equipped Laboratories and a Dispensary where 20,000 visits are annually paid, it offers to students exceptional facilities for practical instruction at the bedside in Bellevue Hospital.

### FEES.

For course of Lectures	\$150 00
Matriculation	5 00
Demonstrator's Fee, including material for dissection	10 00
Final Examination Fee	30 00

For further particulars and circulars, address the Dean,

**Prof. CHAS. INSLEE PARDEE, M.D.,**

**University Medical College, 410 East 26th St., New York City.**

# All Women Talk

About their Doctors. If you relieve one, twenty know it. ASPAROLINE COMPOUND will relieve the women who suffer from functional Dysmenorrhœa and Leucorrhœa, and they'll talk about it. We'll send you enough ASPAROLINE COMPOUND free to make one woman talk. May we do so?

Each fluid ounce containing: Diluted Alcohol; Guaiacum, 30 grains; Asparagus Seed, 30 grains; Parsley Seed, 30 grains; Black Haw (Bark of Root), 60 grains; Henbane Leaves, 6 grains.

SAMPLES CHEERFULLY FURNISHED PHYSICIANS UPON APPLICATION.

## HENRY K. WAMPOLE & CO.,

Pharmaceutical Chemists, Philadelphia, Pa.

BRANCH: 36 and 38 LOMBARD STREET, TORONTO, ONTARIO.

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## CHICAGO POLICLINIC & HOSPITAL,

174-176 E. Chicago Ave.

The fifth SPECIAL COURSE for practitioners in this institution will commence Wednesday, May 3rd, 1893, and continue two weeks.

This course will consist of Clinical Lectures and Demonstrations from 8.30 a.m. to 10 p.m.

In addition to the regular daily Clinics, the following special features will be presented by the Faculty:

Prof. N. SENN—Surgery of Hip Joint—Tuberculosis of Bones and Joints.

Prof. CHRISTIAN FENGER—Surgery of the Kidneys, Ureters, Brain and Spine.

Prof. J. B. HAMILTON—Hernia.

Prof. WM. T. BELFIELD—Genito-Urinary Diseases.

Prof. MOREAU R. BROWN—Nasal Surgery.

Prof. E. FLETCHER INGALS—Naso-Pharyngeal Surgery.

Prof. A. E. HOADLEY—Orthopaedics.

Prof. FERNAND HENROTIN—Uterine Surgery.

Prof. J. ELLIOT COLBURN—Ocular Therapeutics.

Prof. GEO. F. FISKE—Mastoid Operations.

Prof. MALCOLM L. HARRIS—Operative Surgery on the Cadaver.

Prof. JAMES H. ETHERIDGE—Uterine Tumours.

Prof. ARCHIBALD CHURCH—Neuritis.

Prof. GUSTAV FUTTERER—Cholera: Demonstration of the bacilli.

Prof. F. C. HOTZ—Eye Diseases of Children.

Prof. HENRY BANGA—Puerperal Diseases.

Prof. JOSEPH M. PATTON—Diseases of the Heart and Kidneys—Pneumonia.

Profs. R. D. MACARTHUR & HENRY G. ANTHONY—Skin Diseases.

Prof. PLYM. S. HAYES—Electro-Therapeutics.

Prof. W. S. CHRISTOPHER—The Exanthemata.

Prof. JAMES H. McBRIDE—Insanity.

Prof. HENRY M. LYMAN—Nervous Disorders of Digestion.

The new buildings and hospital, now completed, afford unequalled facilities.

For Announcement containing full information, apply to the Corresponding Secretary,

MOREAU R. BROWN, M.D., 174-176 Chicago Avenue, Chicago, Ill.

NOTE.—The Regular Clinical Course continues throughout the year.

**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

**EYE and EAR Cases.***Apply at***60 COLLEGE STREET,****TORONTO.****NOTICE TO THE MEDICAL PROFESSION****OF MANITOBA AND BRITISH COLUMBIA.**

Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring Trusses or Surgical Appliances for diseases of the Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc., or an Artificial Limb for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

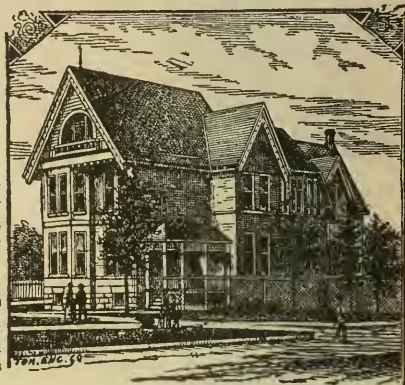
**AUTHORS & COX,****121 Church Street, - - TORONTO,**

Manufacturers of Artificial Limbs, Trusses  
and Surgical Appliances.

**DR. TEMPLE'S****Private Hospital,****BELLEVUE HOUSE,****87 BELLEVUE****AVENUE****TORONTO.**

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new  
**PRIVATE  
HOSPITAL**

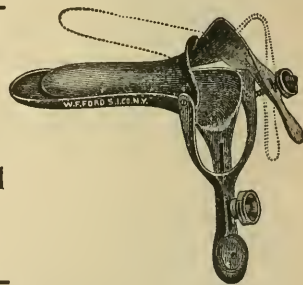
for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,****203 Simcoe Street, - - Toronto.**

**GRAVE'S SPECULUM** \$1.50  
**NET**

**W. F. FORD****Superior****Surgical and****Orthopædical****Instruments**

**SURGICAL INSTRUMENT CO.,**  
**315 FIFTH AVE., NEW YORK.**

Send for New Illustrated Catalogue.

**THE NATIONAL MEDICAL EXCHANGE.**—Physicians', Dentists', and Druggists' Locations and Property bought, sold, rented, and exchanged. Partnerships arranged. Assistants and substitutes provided. Business strictly confidential. Medical, pharmaceutical and scientific books supplied at lowest rates. Send ten cents for MONTHLY BULLETIN containing terms, locations, and list of books. All inquiries promptly answered.

Address, H. A. MUMAW, M.D., Elkhart, Ind.



# NEW YORK POLYCLINIC AND HOSPITAL.

## Session 1893-4.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

### - - FACULTY: - -

#### SURGERY—

John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.

#### MEDICINE—

R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine-  
man, M.D.; J. Adler, M.D.

#### GYNÆCOLOGY—

W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.;  
H. Marion Sims, M.D.; Florian Krug, M.D.

#### EYE—

David Webster, M.D.; Emil Gruening, M.D.; Thomas R.  
Pooley, M.D.

#### EAR—

Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.

#### THROAT AND NOSE—

D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris  
J. Asch, M.D.

#### DISEASES OF CHILDREN—

L. Emmett Holt, M.D.; August Seibert, M.D.

#### DISEASES OF THE SKIN—

A. R. Robinson, M.D.; Edward B. Bronson, M.D.

#### NERVOUS DISEASES—

Landon Carter Gray, M.D.; B. Sachs, M.D.

#### OBSTETRICS—

Edward A. Ayers, M.D.

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., ASST. SEC.,**      **L. EMMETT HOLT, M.D., SEC.,**  
214-218 East 34th Street, New York.

## CHEMICAL LABORATORY.

### Dr. A. R. Pyne,

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.

Milk, quantitatively - - - - 2.00.

Water and Urine, quantitatively, each - 5.00.

*SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.*

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

### A. R. PYNE, M.B.

*University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany: Dominion Analyst (by examination).*

## J. C. MOOR,

(DIRECT IMPORTER)

### WINE AND SPIRIT MERCHANT.

Pure Old Whiskies for Medicinal use a Specialty.

Fine Old Port Wines for Invalids.

Leading brands of Champagnes, Clarets, Sauternes, &c.

"The Buchanan Blend." Finest Selected Old Scotch Whiskey.

**433 YONGE ST. - - TORONTO, ONT.**

Telephone 625.

## Rolph, Smith & Co.

**49 WELLINGTON ST. WEST.**

Lithographers, Engravers,

DIE SINKERS, Etc., Etc.

*High Class Work, Promptitude and Moderate Prices.*

**ESTIMATES FURNISHED.**

ESTABLISHED 1850.

INCORPORATED BY ACT OF PARLIAMENT.

# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.  
**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynaecology.  
**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.  
**C. W. COVERTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.  
**FRED. LeM. GRASETT, M.D., C.M.,** Edin. Univ.; F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M.,** Trin. Coll., and M.B., Univ. Toronto; Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

**CHARLES SHEARD, M.D., C.M.,** Fell. Trin. Med. Coll., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.

Professor of Physiology and Histology.  
**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S.,** Edin.; Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.

Professor of Ophthalmology and Otolaryngology.  
**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVISON, B.A.,** Univ. Tor., M.D., C.M., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M.,** Trin. Coll.; B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### INSTRUCTORS AND ASSISTANTS.

**NEWTON ALBERT POWELL, M.D., C.M.,** Trin. Coll.; M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M.,** Trin. Univ.; Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M.,** Fell. Trin. Med. Coll.; L.R.C.P., London; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

Acting Staff Toronto General Hospital.—18 Bloor Street.  
Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH, Late Principal and Professor of** Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherbourne Street.  
Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the Hospital, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas, Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

# SYR. HYPOPHOS. CO., FELLOWS,

- Contains the Essential Elements** of the Animal Organization—Potash and Lime;  
**The Oxidizing Agents**—Iron and Manganese;  
**The Tonics**—Quinine and Strychnine;  
**And the Vitalizing Constituent**—Phosphorus; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction**.  
**It Differs in its Effects from all Analogous Preparations**; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.  
**It has Gained a Wide Reputation**, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.  
**Its Curative Power** is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.  
**Its Action is Prompt**; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.  
The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

---

## NOTICE--CAUTION.

- The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, **FINDS THAT NO TWO OF THEM ARE IDENTICAL**, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION**, and in the medicinal effects.
- As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **FELLOWS**."
- As a further precaution, it is advisable that the Syrup should be ordered in the original bottles, the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

---

FOR SALE BY ALL DRUGGISTS.

---

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL  
 WHOLESALE AGENTS.



# Fit the Food to the Functions.

---

The most digestible of all foods is Mothers' Milk. The weakest digestive functions are those of the human infant.

Mothers' Milk, although the richest of all milks, is thin, watery and remains fluid in the stomach, the gastric juice curdling its albuminoid elements in very light, diffusible particles, which float freely in the milk, and all the other elements of the milk are soluble and absorbable without effort. Consequently we see that human milk demands but very little digestive power,—simply the solvent action of the stomach upon its albuminoids.

The study of the infant functions of digestion reveals how wondrously the natural food is adapted to the imperfectly developed powers. The infant's stomach is very weak, with little muscular power or tolerance of bulk and complete intolerance of solids. The infant requires a quickly soluble and absorbable food, rich and comprehensive in nutritious elements,—the baby must be fed little and often. Consequently, if a child is deprived of breast milk, we do not give it beefsteak or bread; but instinctively seek a food like mothers' milk. If cows' milk had been as digestible and soluble as mothers' milk, we should never have had the problem of infant feeding.

Both common experience and scientific investigation have made plain that cows' milk is unfit for the food of an infant, and we are all familiar with the many futile experiments which have been employed to help the baby digest cows' milk.

In a word, it may be said that all these expedients simply added to cows' milk substances foreign to all milk,—substances which imposed an unnatural task and strain and consequent injury upon the infant's digestive functions.

Fairchild suggested and devised a method with the Peptogenic Milk Powder by which cows' milk is rendered identical with human milk in its digestibility, in its chemical composition and physical properties, taste, color and density. "Humanised milk" prepared with the Peptogenic Powder is not unnaturally easy of digestion; it demands the same effort of the digestive functions as is required for mothers' milk. It meets all the requirements of nutrition, and for the development of teeth, bone, body and brain. Peptogenic Milk Powder is the only means of preparing a food which corresponds with mothers' milk in every particular. It is at once scientific, practical and successful as a substitute for mothers' milk during the entire nursing period. Send for sample and pamphlet.

FAIRCHILD BROS. & FOSTER,

NEW YORK CITY.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, SEPTEMBER, 1893.

[No. 2.

## *The Administration of Cod Liver Oil during the Summer Months.*

Patients suffering from chronic wasting disease, who should take COD LIVER OIL continuously, often complain that they are forced to discontinue its use during the summer months, as the natural repugnance to fats is intensified during the hot weather. In this preparation the oil is so completely masked that patients find no difficulty in continuing its use at all seasons. Referring to

### MALTINE WITH COD LIVER OIL

the *British Medical Journal* reports: "Patients who are unable to tolerate the purest and "most carefully prepared Cod Liver Oil *can readily digest and assimilate it in combination with Maltine.* The taste of the oil is almost entirely concealed, and what suspicion "there is of it is not at all unpleasant. We recommend this preparation on the ground of "the high quality of oil used, its perfect admixture, and the diastasic value of the Maltine."

SAMPLES FREE TO MEDICAL MEN (EXCEPT EXPRESSAGE).

MALTINE MANUF'G CO., 30 Wellington St. East, Toronto.

## Carnrick's Soluble Food.

Chemical Constituents almost Identical with Human Milk.

Formula for Carnrick's Food.—CARNRICK'S FOOD is composed of the solid constituents of cow's milk, of wheat (the starch being converted into soluble starch and dextrine), and sufficient milk sugar to make total percentage equal to that of human milk.

Put up in hermetically sealed cans, and (being sterilized) will keep indefinitely.

**REED & CARNRICK,** Manufacturing Chemists,  
30 WELLINGTON ST. E., TORONTO.

# FOR NURSING MOTHERS

## Wyeth's Liquid Malt Extract

Is particularly adapted, containing as it does all the Nutrient Properties of Malt, with the Least Possible Amount of Alcohol.

Fermented liquids prepared from malted grain have been in use from the earliest times, and have always been highly prized for their strengthening and nutritive properties. Hitherto, however, the large amount of alcohol in proportion to nutritious matter contained in the malt liquors of commerce has been a serious objection to their use, in many of the various forms of dyspeptic maladies, resulting from mal-nutrition, for which malt preparations are peculiarly adapted.

Recognizing this fact, Messrs. Wyeth have, after numerous experiments, succeeded in preparing a liquid malt extract possessing all the advantages of malt liquors, while it is not open to the objections so frequently and justly urged against their use.

It is especially adapted for administration to nursing mothers, to children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly to those unable to digest starchy food.

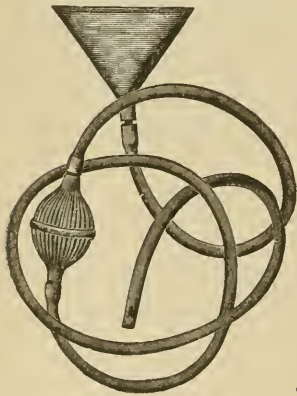
The diastase contained in our preparation of malt renders such food immediately soluble, by converting the starch into malt-sugar and dextrine, in which form they can be readily assimilated by the system, thus creating animal heat and aiding the formation of fat.

Probably its greatest value is as a beverage, during lactation, as it not only supplies strength to meet the unusual demands upon the system at that time, but improves the quality of the milk by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of secondary depressant effect, so frequently experienced from the administration of spirituous remedies, the ordinary dose of a wineglassful representing less than three grains of alcohol and over one hundred and twenty-five grains of nutritious extractive matter, rich in diastase, preserved by our peculiar process of preparation; while in the malt liquors it is rendered inert by the boiling to which they are subjected during manufacture.

We claim that WYETH'S LIQUID MALT EXTRACT will be found to contain all the nutritive virtues of the best malt liquors, in a higher degree than any of the largely sold liquid malts with which we have compared it, while it is free from the stimulating effect which invariably follows their administration.

**Davis & Lawrence Co. (Ltd.), Montreal, General Agents.**



### DOCTORS...

Many of your Patients will Require

## HOT WATER BOTTLES

Inform them that the Place to Purchase is located at

**12 King St. W., Toronto.**

(We herewith present cuts of Stomach Tubes.)

Prices	{ With Bulb, - - - -	\$2.50 Each	} Purest Quality
	{ Without Bulb, - - - -	\$2.00 "	



# The Goodyear Rubber Store

**12 KING STREET WEST, - - TORONTO**

TELEPHONE 2394.

**J. H. S. KERR, Manager.**

Branch of The Gutta Percha and Rubber Mfg. Co. of Toronto, Ltd.



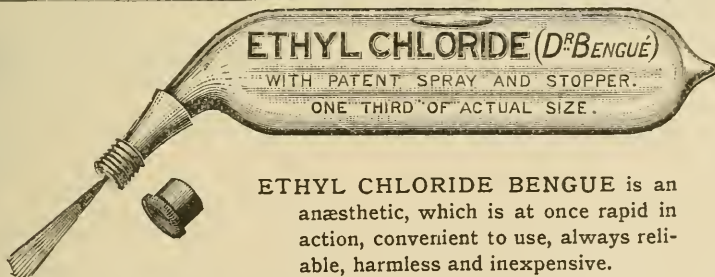
# CONTENTS.

	PAGE		PAGE
EDITORIALS:—		Phenacetine for Urinary Troubles in Advanced Life—	
Medical Council Matters .. .. .	37	Immunity in Diphtheria—Two Cases of Cocaine Sus-	58
Report on Registration of Births, Marriages and Deaths ..	38	ceptibility .. .. .	
Medical Council Prosecutions .. .. .	39	Chlorobrom in Sea-Sickness—A Case of Mastitis in a	
EDITORIAL NOTES .. .. .	39	Child of Four Months—Use of the Analgetic Anti-	59
BRITISH COLUMBIA .. .. .	40	thermics—Gastric Neurasthenia .. .. .	
PRINCE EDWARD ISLAND .. .. .	41	Lectures on the Conduct of Medical Life. By S. Weir	60
ORIGINAL COMMUNICATIONS:—		Mitchell, M.D., LL.D. .. .. .	
Eclampsia. By D. Bechard, M.D., Belle River, Ont. ..	42	SURGERY: Appendicitis—Poulticing the Ear—To Get	
Massage: Its Application in General Practice. By Hol-	43	rid of the Odour of Iodoform—Trigger-Finger in a	
ford Walker, M.D., Toronto .. .. .		Child of Seventeen Months—Guaiaacol in the Treat-	65
MEETINGS OF MEDICAL SOCIETIES:—		ment of Bone Tuberculosis .. .. .	
Canadian Medical Association .. .. .	46	Treatment of Comedones—For Impotence—Treatment	66
Bathurst and Rideau Division Medical Association ..	47	for Sprain .. .. .	
CORRESPONDENCE:—		Surgical Cares of Tuberculosis and Treatments of	
Dr. Burrows' Letter .. .. .	48	Phosphate of Copper—Radical Cure of Inguinal Hernia	67
Dr. Sangster's Letter .. .. .	49	in Children .. .. .	
Lodge Doctors .. .. .	51	MIDWIFERY: Birth in the Coffin—Brasseur on a Case of	
Detective Wasson's Annual Report .. .. .	53	Conception During the Puerperal Period .. .. .	67
Dr. Walker's Letter .. .. .	54	Albuminuria After Labour .. .. .	68
BOOK NOTICES .. .. .	55	GYNÆCOLOGY: Amenorrhœa and Corpulence .. .. .	68
PAMPHLETS RECEIVED .. .. .	56	PERSONALS .. .. .	69
AN EPITOME OF CURRENT MEDICAL LITERATURE:—		MISCELLANEOUS:—	
MEDICINE: Treatment of Pericarditis by Ice Bag—Caf-		Diastase of Hazen Morse .. .. .	72
feine-Chloral in Chronic Constipation .. .. .	56	Meat-Eating and Bad Temper .. .. .	73
The Etiology of Malaria—Spontaneous Rupture of the		The Johns Hopkins Medical School .. .. .	73
Symphysis Papis During Labour—Multiloculated		Doctors, Preachers and Religion .. .. .	74
Pleural Effusions .. .. .	57	Electricity in Wayback .. .. .	75
		Swallowing a Watch .. .. .	75
		A Successful Remedy in Treating Obesity (Med.) ..	76
		The Lady with the Horse Mane (Med.) .. .. .	76

☞ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

☞ Subscription \$2 per annum (outside of Ontario and British Columbia).

The most  
Convenient  
and . . .  
Economical  
Method .



of . . .  
Producing  
Local . .  
Anæsthesia.

ETHYL CHLORIDE BENGUE is an anæsthetic, which is at once rapid in action, convenient to use, always reliable, harmless and inexpensive.

Put up in tubes containing 37 to 40 cc. and terminating in a short tube with a capillary orifice upon which is a fixed copper screwthread. On the screw is a cap also of copper which, being lined with India rubber closes it so tightly that the Chloride is prevented from evaporating, and can be used in the exact quantity required by the case in hand. It is thus extremely economical as each bulb of ETHYL CHLORIDE BENGUE contains sufficient for 10 or 15 local anæsthesias. Supplied with Straight Stem or Curved Stem (as illustration).

The use of ETHYL CHLORIDE is without danger of any kind, and it can be applied equally to skin and mucous membrane.

☞ REMEMBER TO SPECIFY ETHYL CHLORIDE BENGUE. ☞

Pamphlet and full particulars on application to . . . .

THOMAS LEEMING & Co.,  
25 St. Peter Street, = = MONTREAL.

# All Women Talk

About their Doctors. If you relieve one, twenty know it. ASPAROLINE COMPOUND will relieve the women who suffer from functional Dysmenorrhœa and Leucorrhœa, and they'll talk about it. We'll send you enough ASPAROLINE COMPOUND free to make one woman talk. May we do so?

Each fluid ounce containing: Diluted Alcohol; Guaiacum, 30 grains; Asparagus Seed, 30 grains; Parsley Seed, 30 grains; Black Haw (Bark of Root), 60 grains; Henbane Leaves, 6 grains.

SAMPLES CHEERFULLY FURNISHED PHYSICIANS UPON APPLICATION.

## HENRY K. WAMPOLE & CO.,

Pharmaceutical Chemists, - - - Philadelphia, Pa.

BRANCH: 36 and 38 LOMBARD STREET, TORONTO, ONTARIO.

### WHEELER'S \* TISSUE \* PHOSPHATES.

Wheeler's Compound Elixir of Phosphates and Calisaya.

A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2 \text{PO}_4$ , Sodium Phosphate  $\text{Na}_2 \text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_3 \text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3 \text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES. As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquid Strychnia, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of

T. B. WHEELER, M.D., - - MONTREAL, CANADA.

Put up in pound bottles, and sold by all Druggists for One Dollar.

### FOR Dysentery and Diarrhœa

OF CHILDREN  
R latrol = gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

Dr. J. H. Sackrider, of East Randolph, N. Y., says: "The first case in which I used latrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use latrol in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in *very warm water* every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

CLINTON PHARMACEUTICAL CO.  
Manufacturing Chemists Syracuse, N. Y.

CANADIAN BRANCH: BELLEVILLE, ONT. :- P. O. BOX 84.

# ARTIFICIAL LEGS AND ARMS

## WITH RUBBER FEET AND HANDS.

MARKS' PATENTS.

No child too young to apply them.

No person too old to benefit by them.

No one too distant to obtain them.

Every nation in the world has cripples. Wars, machinery, disease, and accidents deprive the Mongolian, African, Malayan, Caucasian, and American alike of their limbs.

Artificials, with Marks' Patented Rubber Feet and Hands, can be made from measurements and sent to any part of the world with the best of results assured. Over 14,000 in use

UNITED STATES INDIAN SERVICE,  
Cheyenne River Agency, Fort Bennett, S. Dakota.

MR. A. A. MARKS.

DEAR SIR,—On September 18, 1889, I performed the operation of amputation at the middle and lower third junction of the left leg on Ceca Yamni, "Peter Three Thighs," a Sioux Indian attached to this agency. He was a sufferer from necrosis of the tarsus and a complete invalid—absolutely unable to stand, to say nothing of walking. I did not succeed in getting his consent to operate until I told him about your excellent limbs—how he would be enabled to walk, run, ride, work, etc., etc., and that his deformity would be completely hidden to strangers. In due time the stump healed, and I sent you measurements for his leg. It came by express, and I immediately adjusted it. To my surprise, it fitted him perfectly, and at this writing he is going about among the Indians with as much ease and comfort as could be desired, and with the greatest satisfaction, both to myself and to himself. Inclosed is his photograph in war costume, which he sends you with his compliments.

Very respectfully,

Z. R. DANIEL, M.D., Agency Physician

A treatise of 430 pages, with 260 illustrations, sent  
free of charge.

**A. A. MARKS, 701 BROADWAY, NEW YORK CITY.**

ESTABLISHED OVER 40 YEARS.



### "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
IT will not blow out.  
IT gives a clear white light.  
IT looks like a locomotive head light.  
IT throws all the light straight ahead, from 200 to 300 feet.  
IT burns kerosene.

Send for book.  
**R. E. DIETZ CO.,**  
60 Laight Street, N. Y.



ON account of Canadian purchasers having to pay duty, we will sell single lamps to them at the lowest wholesale price.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

**GEO. W. COOLEY, 567 Yonge St., Toronto,**

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskeys for Invalids a Specialty.

**COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.**



# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine. —CHARLES F. HEEBNER, Ph.G., Phm.B., *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,

BROCKVILLE, Ont.

# LE PAGE'S HYPOPHOSPHITES

Syr. Comp. Improved.

ESTABLISHED 1885.

THIS Syrup contains the Hypophosphites of Iron, Quinine, Strychnia, Manganese, Lime and Potash, combined in an agreeable and palatable syrup, acceptable to the stomach, and comprises all the elements essential to the animal organization known to science. It will be found a very valuable remedy in the treatment of

Pulmonary Tuberculosis, Bronchial Affections, and all Affections of the Respiratory Organs, also in Debilitating and Nervous Diseases.

This preparation being prompt in its stimulating action, entering into the circulation, promotes digestion and assimilation and removes depression and melancholy, hence its great value in mental and nervous diseases.

In ordering, **Please Specify Le Page's.** Price: Small size, 50c.; Large Bottles, \$1.00. Also in 80 oz. Winchester for dispensing.

**OFFICE, 18 FRONT ST. WEST, TORONTO.**

# PERFECTION ATTAINED!

## : : : DR. C. L. COULTER'S : : :

# COMBINED VAPORIZER AND INHALER

## : : THE CHAMPION VOLATILIZER : :

A New Instrument for Vaporizing Oils and Drugs for Inhalation, as well as for  
**Disinfecting and Deodorizing Sick Rooms,**

**Hospitals, Public Buildings, Railway Carriages, &c.: also an Odorizer for  
Perfuming Parlours, Opera Houses, &c.**

Excels all other Inhalers as it reduces Drugs and Oils to a Gaseous State, in which condition only can they reach directly the cavities and air passages to be medicated, thus proving beneficial in the treatment of **DISEASES OF THE NOSE, THROAT AND LUNGS**, such as Consumption, Bronchitis, Asthma, Whooping Cough, Croup, Diphtheria, Catarrh, La Grippe and Hay Fever.

Beechwood, Creasote, Oil of Southern Pine Needles and Eucalyptus Oil, of each equal parts, vaporized and inhaled, affords wonderful benefit in Phthisis.

### ADVANTAGES:

1. A non-irritating, thoroughly medicated vapour is obtained by reason of the reservoir containing the medicated sponge being placed on the *inhaling tube at a distance of 8 or 10 inches from the boiling water*, and complete volatilization is effected of the drugs to be inhaled, thus ensuring their reaching directly the part to be medicated. Other so-called vaporizers are only atomizers or sprays, breaking the drug into fluid particles which are not diffusible and therefore too heavy to be inspired.

2. By vaporizing antiseptics, it quickly sterilizes the atmosphere in cases of infectious diseases, thereby reducing to a minimum the danger of contracting Diphtheria, Scarlet Fever, Cholera, etc.

3. It is simple, durable, convenient of manipulation, and absolutely proof against explosion or fire, as a perfect safety lamp accompanies every instrument.

4. The price is a great desideratum, being only about half that of any other vaporizer, volatilizer or inhaler that claims any merit.

It is the only volatilizer that is unanimously endorsed and recommended by medical men, sanitarians and chemists, amongst whom are the following:

- W. B. Geikie, M.D., C.M., D.C.L.**, Fellow Royal College Surgeons, Edinburgh; **L. R. C. P.**, London; Dean Trinity Medical College, Toronto.  
**H. C. Wood, M.D., LL.D.**, Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania.  
**G. Sterling Ryerson, M.D., C.M., L.R.C.S.**, Edinburgh; Professor of Ophthalmology and Otology, Trinity Medical College, Toronto.  
**N. A. Powell, M.D.**, Lecturer on Surgical Appliances and Demonstrator of Anatomy, Trinity Medical College; also Lecturer on Practice of Surgery, Women's Medical College, Toronto.  
**Wm. Porter, M.D.**, Professor of Diseases of the Chest, Laryngology and Clinical Medicine, St. Louis College of Physicians and Surgeons; Consulting Physician to the Throat and Chest Department of the City Hospital, etc.  
**C. O'Reilly, M.D.**, Medical Superintendent Toronto General Hospital.  
**G. R. McDonagh, M.D., L.R.C.P.**, London; Instructor of Laryngology and Rhinology, University of Toronto.  
**Charles Denison, M.D.**, Professor of Diseases of the Chest and Climatology, University of Denver, Colorado.  
**Frederick W. Strange, M.R.C.S.**, Eng.; Toronto.  
**Sir James Grant, M.D.**, Ottawa.  
**F. Lydston Newman, M.D.**, Lecturer Materia Medica, Detroit College of Medicine.  
**Cyrus Edson, M.D.**, President of the Board of Pharmacy, City and County of New York.  
**Norman Allen, M.D., C.M., M.R.C.S.**, Eng.; Medical Health Officer, Toronto.  
**O. R. Avison, M.D.**, Demonstrator of Materia Medica and Pharmacy, Medical Faculty of Toronto University; Professor of Materia Medica and Botany, Ontario College of Pharmacy.  
**J. T. Fotheringham, M.B., M.D., C.M.**, Professor of Microscopy and Materia Medica, Ontario College of Pharmacy, Toronto.  
**Chas. F. Heebner, Ph.G.**, Professor of Pharmacy and Director of the Pharmacal Laboratory, Ontario College of Pharmacy. Formerly Instructor of Pharmacy at the College of Pharmacy of the City of New York.  
**Morean R. Brown, M.D.**, Lecturer on Laryngology and Rhinology, Chicago Polyclinic.  
**Elsen Bockius, M.S., M.D., LL.B.**, late Professor of Medical Law, College of Physicians and Surgeons, Chicago.

By order of the Surgeon-General of the United States Army, Dr. Coulter's Combined Vaporizers and Inhalers are in use in the United States Army-Post Hospitals. **None Genuine unless stamped—"DR. COULTER'S VAPORIZER AND INHALER."**

Descriptive Pamphlet with Testimonials on application. For sale at all the leading Drug Stores and Surgical Instrument Houses, or write direct to

## The Coulter Vaporizer Manufacturing Co.

MANUFACTURERS FOR THE DOMINION OF CANADA.

SOUTH-EAST COR. KING AND BAY STREETS (ENTRANCE, 93 BAY STREET), TORONTO, ONTARIO.



Made of Copper and Brass,  
Nickel-plated. It has no  
Glass tubes, no Valves to  
get out of order.

**Perfumer  
and Deodorizer  
Attachment.**

**Price, \$5.50**

with Perfumer and  
Deodorizer attachment

**PRICE, \$5.00**

TO PHYSICIANS.



# Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1893-94.**

The **REGULAR SESSION** begins on Monday, September 25, 1893, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The **SPRING SESSION** consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 26, 1894, and continues until the middle of June.

The **CARNEGIE LABORATORY** is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

# Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.,  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

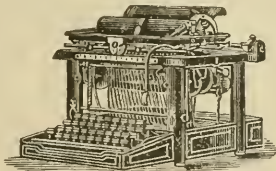
For further information apply to

**CHARLES FORD, Superintendent,**

**314 Broome St., New York City.**

Special instruction upon the manikin given by the attending physicians.

1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.



MACHINES RENTED.



OPERATORS SUPPLIED.



**GEORGE BENGOUGH,**

Telephone 1207.

**45 Adelaide Street East, TORONTO.**



SEE "NOTE" BELOW.



NOTE.—Physicians Furnishing Address will be sent Samples and Literature free, by The Antikamnia Chemical Company, St. Louis. Responses will Secure Continuous Favours.

## SURGICAL INSTRUMENTS . .

## SURGICAL SUPPLIES . . . . .

Latest Novelties in

- ASEPTIC SURGICAL INSTRUMENTS . . . . .
- ANTISEPTIC SURGICAL DRESSINGS AND SUPPLIES . .
- DRUGS, SUNDRIES AND RUBBER GOODS . . . . .
- DENTAL OPERATING INSTRUMENTS AND MATERIALS
- VETERINARY, SURGICAL AND DENTAL INSTRUMENTS
- SUPPORTERS, TRUSSES, SUSPENSORIES . . . . .
- PARKE, DAVIS & CO'S PREPARATIONS. . . . .
- J. ELWOOD LEE CO'S SURGICAL SPECIALTIES . . . .
- WAITE & BARTLETT'S ELECTRICAL MACHINERY AND  
ELECTRODES

**S. B. CHANDLER & SON,**

110-112 VICTORIA ST., TORONTO, ONT.

CONFEDERATION LIFE BUILDING.

# DR. WILLIAM A. HAMMOND'S PRIVATE - HOSPITAL

—FOR—

## DISEASES

OF THE

## NERVOUS SYSTEM

WASHINGTON, D.C.



The Hospital is situated on Columbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington. The soil is dry and all the surroundings are free from noxious influences. The Fourteenth-street cable cars run almost to the door. The building is very large, and in its construction every sanitary requirement has been fulfilled. The number of patients is limited to twenty. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable. The building is heated throughout by steam. For further information DR. HAMMOND can be addressed at the

Hospital, 14th St., and Sheridan Ave., Washington, D.C.

# The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



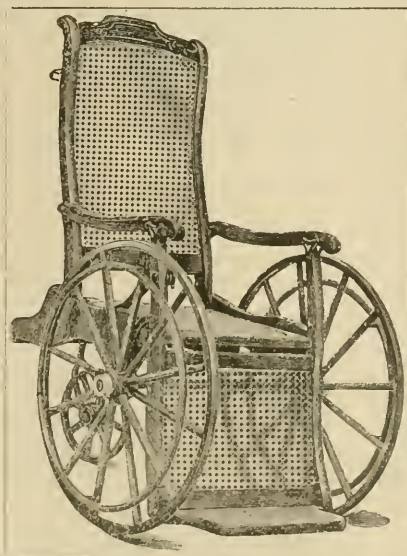
INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc.



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.



# Canadian Medical Practice and Partnership Office.

J. E. WHITE, M.B., M.D., Toronto University; M. C. P. & S., Ontario. Office Hours—8-10.30 a.m.; 1-3.30 p.m.; 7-9 p.m. 185 Carlton Street, Toronto. Telephone No. 3370.

## ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

- A—Practice and drug business, large Western town, netting \$4,000 a year.
- B—Practice and property in Eastern town for sale, cost of property.
- C—Splendid practice, Eastern manufacturing town, price of property all required.
- D—\$3,000 practice, North-Western town in Ontario, with exceptional appointments and handsome residence; retiring.
- E—Village practice, East of Toronto, splendid roads, netting about \$2,500. No opposition; less than cost of property.
- F—Leading practice, with residence and full equipment, Western town; owner retiring.
- G—\$4,000 practice with residence, in Eastern manufacturing city; cost of residence; good introduction.
- H—Village practice and residence, \$2,000 a year; cost of property; county of York.
- I—Fine Village and country practice, nearly \$2,000 a year; long established; only one other practitioner. Sell or lease property and practice for five years.
- J—Partnership in practice, nearly \$5,000 with M.R.C.S. in Western town, offers half interest for \$1,200—half cash, to first-class man.
- K—Splendid practice in best manufacturing town in Ontario, official posts, transferable; practice entirely among the best paying class. \$3,500 practice and good house, small bonus only required; sell or lease. No better opening could be desired on such easy terms.
- L—Village practice, Eastern, \$2,000 a year. Active young Presbyterian may obtain succession and introduction for \$250. Incumbent retiring wealthy, and only asks above sum for introduction.
- M—Capital village and rich country practice, in Northern county, can be transferred with lease of residence for five years for \$500 a year; or purchase any time successor wishes during lease.
- N—Unopposed practice, Western village, good field, good roads, long established. Residence and good introduction to over \$2,000 practice for cost of house and office. Terms, \$2,250; half cash when satisfied.
- O—Unopposed \$2,300 practice, Western village, well established; Health Officer, and Insurance Companies and Societies; good roads; \$500 any time during introduction. Successor may lease or buy house and office when he chooses on satisfactory terms.
- P—Unopposed practice in richest county of Ontario, population 300, and nearest centre eight miles away; large field; long established; made competence. Will sell property and practice and give good introduction to good, active successor on very easy terms with cash bonus of \$500.
- Q—Unopposed practice, Lake Erie District, lovely country, wealthy people. Income, \$1,500 a year. Will sell fine house and good introduction for \$1,100, cost \$1,300; ill health preventing night work. Active young man could make over \$2,000 the second year. \$500 cash, balance any terms.
- R—Leading practice and residence in good manufacturing town, West; income over \$4,000. Only \$2,500 cash on price of property; six months' introduction; one-third of introduction income goes to successor. Admirable chance for a first-class experienced operating surgeon to make a reputation and fortune.
- S—Best practice in rich country town, \$2,500 a year, with appointments of M. H. Officer and several best Insurance Companies. No property nor equipment to buy. Bonus for succession, including office, drugs, etc., \$500. Good introduction; splendid roads; cheap living; best to pay.
- T—Good \$2,000 practice in village in rich county of York, with lease for five years of property to purchase then or before as desired. Cash bonus, \$1,000, applied on purchase of property, payable half down, balance end of introduction. Good appointments.
- U—Fine unopposed practice in Western county, netting almost \$5,000 a year; splendid field, no doctor within eight miles. Residence and introduction to this splendid practice, where incumbent has made fortune in eight years, only \$4,000. All the cash required is a \$1,000, payable any time during introduction.
- V—Elegant property and practice in large manufacturing city West; income over \$5,000; select clientele, best families and connection, influential appointments. To experienced country practitioner having a few thousands and desiring freedom from hard, long driving, no better chance could present itself. Incumbent retiring wealthy.
- W—Comfortable practice in Hamilton, of about \$2,000, may be secured on very reasonable terms. The residence and office are well located, and may be bought or leased by successor. To one having foreign experience, or desiring good German practice, or withdrawing from country to city practice, this presents exceptional advantages. Incumbent accepting a partnership.
- X—Gentleman having practice and property in a leading manufacturing and railway centre of about 5,000 population, desires a successor with surgical leanings, and would sell, lease or exchange his residence with country physician wishing city practice. Best opening in Ontario for a good surgeon; about twenty factories and machine shops.
- Y—Choice unopposed practice in county of Grey, netting about \$2,000; splendid pay; large field; property and equipment very easy terms. Active young Presbyterian or Methodist with \$1,000 at command could not find a better money-making place.
- Z—Five good openings, unopposed, where gentlemen have made from \$1,000 to \$2,000 a year, and bought town or city practices with their few years' savings. The choice of them to be had for \$100, payable when satisfied.

## TORONTO PRACTICES AND PROPERTIES.

- 1.—Medical Superintendent wanted for Private Hospital, having outside practice \$3,000 a year; accommodation for fifteen patients at \$25 a week. Obstetrical cases over 100 yearly. Admirable conveniences and location. Income from hospital \$3,000 over expenses. Full equipment cost \$2,500. Applicants must be experienced, in good standing, and command \$2,500. No objection to two applicants joining in the management.
- 2.—Physician's residence for sale or lease, corner, built with operating and consulting rooms; much below cost. Should do \$3,000 a year, with family influence secured.
- 3.—Good \$2,000 practice, West end, main street, for rent of house. Some equipment and introduction for bonus of \$250. Capital locality.
- 4.—Three or four active young medical men, to introduce to the profession throughout Ontario the "Wilkinson Truss." Direct applications or call personally, Office, Corner King and Yonge Streets. Good inducements.
- 5.—Doctor's suite of rooms, corner of main street on Belt Line, centrally located, for rent, in first-class place for rapid practice and highest fees. Only \$25 a month furnished, and good influence secured to successor.

Letters of Inquiry must enclose stamp for reply.

Address—

DR. J. E. WHITE, TORONTO.



# D. APPLETON & Co.

Have established a Canadian Branch Office at 63 Yonge Street, Toronto, and are prepared to supply any of their

## MEDICAL PUBLICATIONS

promptly at New York prices, making no extra charge for customs duty.

*Attention is Called to*

### Appleton's Medical Library,

CONSISTING OF

- Bartholow's *Practice of Medicine.*
- Bartholow's *Materia Medica and Therapeutics.*
- Bryant's *Manual of Operative Surgery.*
- Ewald's *Diseases of the Stomach.*
- Flint's *Human Physiology.*
- Fuchs' *Ophthalmology.*
- Gerster's *Rules of Aseptic and Antiseptic Surgery.*
- Hammond's *Diseases of the Nervous System.*
- Keyes' *Genito-Urinary Diseases and Syphilis.*
- Lusk's *Science and Art of Midwifery.*
- Mathews' *On the Rectum.*
- Osler's *Practice of Medicine.*
- Shoemaker's *Diseases of the Skin.*
- Skene's *Diseases of Women.*
- Strumpell's *Text-Book of Medicine.*
- Vogel's *Diseases of Children.*

SPECIAL EDITION. HALF MOROCCO BINDING.

*Sold only by Subscription.*

Morrow's System of Genito-Urinary Diseases, Syphilology and Dermatology.

Marcy's Anatomy and Surgical Treatment of Hernia.

Piffard's Diseases of the Skin.

Foster's Medical Dictionary.

Wyeth's Surgery.

### Appleton's Periodicals :

*The New York Medical Journal.*

*Journal of Cutaneous and Genito-Urinary Diseases.*

*Popular Science Monthly.*

## D. APPLETON & Co., Publishers,

1, 3 and 5 Bond St., NEW YORK.

GEO. N. MORANG,

Manager, Toronto Office.

# "Vinolia" Soap.

## TESTS FREE.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

WE will supply, free on application, tests for Soaps, with bona-fide reports from medical and other scientific journals, together with facts and figures, showing "VINOLIA" Soap to be the **Purest, Safest and Best** for Skin Irritation, Toilet, Nursery and Bath.

## RECOMMENDED BY MEDICAL MEN.

*THE LANCET*, London, reports:—

"Odour delicate and an article of excellent quality."

*THE BRITISH MEDICAL JOURNAL*, London, reports:—

"'Vinolia' Soap is of unquestionable excellence, and much in favour with the profession."

Floral 15c., Medical Balsamic 25c., Toilet Otto 35c. and Vestal 85c. per tablet. Shaving Soap, 30c., 40c. and 60c. per stick; flat cakes, 50c. Vinolia Shaving Foam (in collapsible tubes) 50c. and 85c.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.



For Face Spots, Insect Bites, Rash, Etc.

For Chafes, Tender Feet, Oily Skins, Etc.

"An emollient cold cream of much convenience in many minor skin ailments where a soothing protective is required."  
—*British Medical Journal*.

"'Vinolia' is an emollient cream for the skin in eczema, rash, eruptions, etc. It possesses a fragrance of distilled roses."—*Lancet*.

For acne spots on the face, and particularly for eczema, it is undoubtedly efficacious, frequently healing eruptions and removing pimples in a few days. It relieves itching as if by magic."—*Baby*.

50c, \$1.00 and \$1.75 per Box.

"An inpalpable rose dusting powder, soluble, of remarkable fineness, and well adapted for the nursery, toilet, 'weeping' surfaces, and sweating feet."—*British Medical Journal*.

"'Vinolia' Powder is well adapted as a dusting powder for toilet purposes."—*Lancet*.

"Superseding the old toilet powders, which are apt to cause acne by blocking up the pores of the skin."—*Ladies' Pictorial*.

In PINK, WHITE and CREAM.

50c., \$1.00 and \$1.75 per Box.

"VINOLIA" DENTIFRICE, English. 75c.; American, 50c.

**BLONDEAU & CIE., 73 AND 75 WATTS STREET, NEW YORK.**  
ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.

# Syrup of Hydriodic Acid.

---

(DOUBLE STRENGTH)

Containing two per cent. Hydriodic Acid, Absolute.

The Syrup of Hydriodic Acid generally offered by us corresponds to the official requirements, in point of activity and in containing 1 per cent. hydriodic acid, absolute. The dose of the U. S. P. syrup is objectionably large when comparatively small doses are required, the amount of saccharine matter often producing untoward effects upon the digestive system. Frequent complaints to this effect have appeared in the medical and pharmaceutical journals. These facts have prompted us to offer the medical profession, in addition to the syrup U. S. P., a clear, colourless, permanent and efficient **Syrup of Hydriodic Acid of double strength**, containing 2 per cent. of *true Hydriodic Acid*.

Send for literature on this preparation.

# Glycerin Suppositories.

---

95 PER CENT. GLYCERIN.

An eligible method of relieving constipation without disturbing the stomach.

Many so-called Glycerin Suppositories contain too small a percentage of Glycerin to be efficient. We guarantee the quality of those we manufacture.

Put up in bottles of one dozen and one-half dozen, convenient for prescribing.

# Ethereal Antiseptic Soap.

---

We are now prepared to offer this product in the form of a colourless liquid of a pleasant odour. It is easily washed off with cold or warm water, and is invaluable to the pharmacist, physician and surgeon.

Dr. W. W. Keen, the distinguished Philadelphia surgeon, says of it after considerable experience: "I find it the best preparation I know of for cleaning the hands and softening them. It also destroys odours about the hands. I use the soap constantly in my clinic and in my office with great advantage.

Mercuric chloride can be dissolved in it in the ordinary proportions. Such addition should be made only to quantities of this soap desired for immediate use, as upon standing for about twenty-four hours, more or less precipitation, apparently unavailing, takes place.

Since its introduction its use has been extended successfully to the treatment of parasitic affections.

---

**PARKE, DAVIS & CO.**

DETROIT, - NEW YORK, - KANSAS CITY, - WALKERVILLE, ONT.



# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

*All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.*

VOL. II.]

TORONTO, SEPTEMBER, 1893.

[No. 2.]

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

## Editorials.

### MEDICAL COUNCIL MATTERS.

In this issue of the JOURNAL we present to our readers in the correspondence column two letters on practically the same subject, that is, the Iniquities of the Present Council—the first from a well-remembered writer, and the second from a man new in our journal in that column. As a matter of politeness, we may deal with the visitor, if he may be so called, first.

Dr. Burrows bases his whole diatribe against the present regime on one factor, for which, to any extent, it is not at all accountable. The argument is that the present Council building is quite unnecessary in every way, and that the expense put on the profession by its maintenance should not have been incurred. This enormous expense is simply and solely the sum of two dollars annually, which, we hope, the members are all in a position to pay, and if they are not, we should advise them to try their hand at some other livelihood which would be more remunerative.

As for the expense to the students, it is practically the same now as it has always been since the inception of the Council. The benefits to the students and the profession generally from such a building are many, but we will only speak of the ones mentioned by the writer. In former times, even in the recollection of many of us not very

old, the examinations were held in various halls which were entirely unfitted for any such purposes. The seats and desks were ill-fitted for good work, and the position of all concerned was very conducive to that bane of both examiners and good students—copying, of which we know for a fact, very considerable took place.

As regards the proceedings which were a disgrace, and examinations which were a farce, we cannot give any explanation, as we know of none, unless Dr. Burrows would be a little more specific. In fact, his letter reminds us of that old story of Bret Harte's, that "It is good anywhere round these diggings."

As to increased expense in payment of examiners, we would like him to read the report on this subject before he displays his ignorance further, as then he will see that they are not paid per student anything like the amount they were. It is evidently forgotten that where formerly we had one student to examine, we have now, at least, five, and the expenses have not, by any means, increased in that ratio.

The doctor's suggestions with reference to supplying a room for congregating in by using a ward of the General Hospital, or a hotel, or the Y.M.C.A., are so out of the question that we could only wish he would try the experiment himself. Truly, we would like to see him tackle the governors of the Toronto General Hospital for any such purpose. He evidently does not know them.

Dr. Sangster's communication is of a different stamp, he mainly devoting himself to giving us advice on how to carry out a controversy with him. His advice may be good, but no man, even the best of us, is fond of taking it if it does not coincide with his own views. The doctor will probably remember that old and well-known line in Virgil, "*Timeo Danaos et dona ferentes*," and just as probably be able to catch the meaning of the reference. Looking over the first paragraph, it is easily evident that the writer seemed bitten, but as we have nothing more to say on that point, if our readers want any enlightenment we would refer them to Dr. Sangster himself, who, we are sure, would gladly gratify any undue curiosity as to our action in connection with it.

The second paragraph in the letter is a mild attempt to try and get out of what he says in his former letter, his pen having evidently run too fast for his brains. Combined with this is some sarcasm which, if it pleases the doctor to use, can never do anyone any harm, so he is quite welcome to his style. Then he makes an attempt to come down to business, using his own expression, and discuss the ethics of the professional tax. But still he does not do so, evidently preferring to wander off and attempt to break his lance against our own personal shield. Please remember, doctor, that the profession is not interested in your opinion of us, and look for some arguments which, if they are forthcoming, we will certainly answer. It is not our business, nor is it what we are trying to do, to make a defence of the Council, as that has all been ably done before, but to give our correspondents a fair idea of our views on the matter presented to us by you.

Toronto may be a healthy city, and probably is too healthy for some of us, still it must be remembered that the medical men in the city are not millionaires, and in spite of that \$600 subsidy which seems to choke in our correspondent's throat, they must work, and work hard, to get that same necessary bread and butter that is needed by "obscure country doctors." As a conclusion, "the four new men put on" give thanks for the very high opinion held of them, and only hope they will continue to merit it.

## REPORT ON REGISTRATION OF BIRTHS, MARRIAGES AND DEATHS.

The Report relating to the Registration of Births, Marriages and Deaths in the Province of Ontario, for the year ending December 31st, 1891, has come to hand. We cannot but be surprised at some of the reflections cast upon the medical profession of this Province in that report. We are told that the working of the Act has been but partially successful, and there is given as one of the reasons for this "a carelessness on the part of physicians." Further, in the Inspector's report to the Registrar-General, he says: "I find that many physicians are entirely ignorant of the section in the Act which calls upon them to send in certificates of cause of death," etc. In summing up the question, we have asked ourselves (1) What is the cause of this "carelessness"? (2) Who is responsible for the "ignorance"? (3) Is there a remedy? In looking about for a cause of the first, we find in the report the following: "With regard to the carelessness shown in the performance of the duties required of physicians under the Act, it may be stated that it is in part due to a neglect on the part of our medical colleges to inculcate the important lessons to be gathered from statistics of disease, and of any special attention being given to the existence of a Registration Act in the Province, and the duties of physicians with regard to it." In the medical colleges we *are* taught the great value of statistics when they are absolutely correct, but we are, and should be, taught their entire uselessness when they are incomplete. And we are told that the "working of the Act in the past has been but partially successful," hence what is the value of a report like the one before us? We think, too, the turning of our medical colleges into law schools for a perusal of the *revised statutes* would hardly be in accord with our Medical Act.

In looking for a cause for the "ignorance," we have not far to go, for in turning up the Act we are led to believe that the fault does not rest so much upon the physicians as upon the Act itself. We feel certain that if the Act provided that those who are public servants should send out blank forms, stamped and addressed to their proper destination, together with a copy of the Act, instead of requiring physicians to send in for them, a wholesome improvement would be effected.

In connection with this whole subject there is one very noticeable feature, namely, that the Registrar-General, and from him down, all are paid to a greater or less extent for their services, except the source whence the information comes. Now, if this information is valuable, and we are told in the report that it is, we think that the skill requisite to determine the exact cause of death is worth paying for; and if a thing is paid for, those in authority may then reasonably insist upon the work being properly done. Though we do not presume to dictate to any one, we would suggest as a correct means toward obtaining a perfect record of the *causes of death*, that it is desirable to hold an autopsy in every case of death; this in turn would entail the necessity of the appointment of certain expert persons in each district, whose duty it would be to conduct such examinations, for which they would be remunerated. (We merely mention this as a side issue in passing, but may have more to say of it at a later date.)

We claim that these records of the cause of death as they now stand are practically valueless, because, as we have already stated, of their incompleteness. We believe if a suitable remuneration were fixed, together with what has already been suggested, the difficulty of obtaining the desired information would be largely overcome. And truly, if an autopsy were held in all cases it would enable the physician to give much more accurate information as to the *cause of death*; and in this way statistics of some value might be compiled. Surely the physicians of this province do enough *charity work* already without being compelled to render gratuitous services to the State, which, judging from the salaries paid some of its officials, has more money than it can reasonably dispose of.

#### MEDICAL COUNCIL PROSECUTIONS.

In the Announcement of this year it will be noticed that the report of the detective in charge of medical matters in this Province has been left out. The report was very lengthy, and dealt fully with all cases that were and had been before the Discipline Committee, and the only reason for its omission was its length. Thomas Wasson, our very able and valuable detective, has been indefatigable in his work, and has brought many

offenders to justice, when they have been dealt with severely, or otherwise, according to the gravity of the case. At the present time there are nine cases to be considered by the Discipline Committee for unprofessional conduct, and these will be heard in December. In Ontario, now, we have fewer fakirs than at any other time, the only troublesome ones being some who are being shielded by licensed practitioners. These men should be careful, or their deeds will fall on their own heads, and maybe a decapitation will take place which will make the lesson valuable to them. Medical men should try and keep up the status and *esprit de corps* of their profession by acting as men should, and not shield under their wing unlicensed students and practitioners for the sake of a few odd dollars made in this kind of practice.

#### EDITORIAL NOTES.

We are in receipt of a letter from a member of the Medical Defence Association for publication in this issue. We would be very pleased to publish it, only the correspondent by inadvertence has forgotten to enclose his card, leaving us no knowledge as to his identity. If he would kindly communicate with us before our next issue, we would gladly give him space.

Trinity Medical School opens its coming winter session on Monday, October 2nd, with great promises of a successful year. The large graduating class of 1893, although diminishing the number of the students which amounted to almost three hundred, will be amply rep'aced by the incoming freshmen. Trinity in all cases holds its own, and oftentimes more than its own, both in numbers and in the success of its graduates in their life work. Dr. Gilbert Gordon, Professor of Sanitary Science, gives the opening lecture this year at the school at 4 p.m. on the above date. The subject he is taking up is "Mythology in Medicine."

At the regular half-yearly meeting of the Bathurst and Rideau Medical Association, held in Carleton Place, June 28th, 1893, Dr. Rogers, of Ottawa, President, in the chair, the following resolutions were passed:

"1. That in the opinion of this Association, pay-patients in public hospitals receiving Govern-



ment aid, should be allowed to choose any legally qualified medical practitioner to attend them in the private wards of such institution (one member only dissenting).

"2. That a copy of the above resolution be sent to the secretary of the hospitals in this division. (Unanimous.)

"3. That a copy also be sent to the editor of the *ONTARIO MEDICAL JOURNAL* for publication. (Unanimous.)"

Among the most attractive exhibits on the floor of the main building, at the Industrial Exhibition, were those which specially interested medical men. S. B. Chandler & Son showed many lines, prominent among them being electrical and surgical instruments, and a perfect absorbent cotton of long fibre. One very neat affair was an aseptic nickel instrument case, containing twelve knives, with hollow, smooth-polished steel handles. The Harvard Chair Co. was of interest in another line, their exhibit being a very fine one of dental and surgical chairs and revolving cabinets of first-class manufacture. Chas. Cluthe & Sons showed a complete assortment of trusses, bandages and all things of that kind, and are to be congratulated on their work; and lastly, the Ireland National Food Co. had a perfect display of all food stuffs of their manufacture. We would strongly advise medical men to take note of these in giving their orders, these firms being of the best of their kind on the market.

The opening lecture of the Medical Faculty of Toronto University will be given in the Biological building, on October 3rd, at 8 p.m., by Prof. A. B. McCallum. The members of the Faculty are looking forward to another large incoming class this year, and, if intending students take into consideration examination results, they have good reasons for their expectations. We have been informed that at the Council primary last spring their students made up about fifty-six per cent. of the number from all sources that passed, and at the final they made just about fifty per cent. of that number. Of those that presented themselves at the primary, seventy-three per cent. passed, while the general percentage of *pass* was about fifty-two per cent; and of those who went up for the final, more than

eighty-five per cent. succeeded in getting through, while the general percentage of *pass* at this examination was about seventy-three per cent. A glance at the foregoing figures will show the good work done by this school, and will be a great encouragement to the supporters and graduates of it.

The Canadian mineral waters are gradually taking a high place among those prescribed and used by the public generally. In the sodium chloride class, the water from St. Leon Springs ranks probably among the best. Its analysis compares more than favourably with that of the best. European springs, such as Baden-Baden or Friedrichshall, though being milder in its laxative action than the latter. A glance at the subjoined analysis will show its strong value as an alkaline digestive, as a laxative, and even an alterative, as it contains iodides, bromides and some carbonate of iron. Its comparative cheapness has brought it into prominent use, and its therapeutic properties have kept it there. Dr. T. Sterry Hunt's analysis presents the quantity of solids per gallon, as follows:

Chlor. Sodium . . . . .	677.4782	grains.
" Potassium . . . . .	13.6170	"
" Lithium . . . . .	1.6147	"
" Barium . . . . .	.6699	"
" Strontium . . . . .	.3070	"
" Calcium . . . . .	3.3338	"
" Magnesium . . . . .	59.0039	"
Iodide of Sodium . . . . .	.8108	"
Bromide of Sodium . . . . .	.8108	"
Sulphate of Lime . . . . .	.0694	"
Phosphate of Soda . . . . .	.1690	"
Bi-Car. Lime . . . . .	29.4405	"
" Magnesia . . . . .	82.1280	"
" Iron . . . . .	.6056	"
Alumina . . . . .	.5830	"
Silica . . . . .	1.3694	"
Density . . . . .	1.0118	"

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

The British Columbia matter not received this month in time for publication.

## Prince Edward Island.

The profession in Prince Edward Island have been able to secure medical legislation on pretty near the same lines as Ontario and British Columbia in 1890. Subsequently, in 1892, the law was modified, giving the Council powers of examination, and power to deal with immoral and "infamous or disgraceful conduct in a professional respect." Under the Act of 1890 we had considerable trouble with a graduate of McGill University, whose conduct, to say the least, was anything but professional. The atmosphere became too warm for him, so he fled into Uncle Sam's dominions. Another, a member of the College of Physicians and Surgeons, whose conduct at Ottawa and elsewhere was suspicious, applied for registration, but failed to appear, and saved us further trouble. So far, the medical law has been a great barrier to quackery in this Province, and we hope the profession will maintain their position by aiming at a higher professional status for its members.

We need our present law amended, doing away with the one-year curriculum of studies which is permitted with a practitioner of medicine, as it is generally admitted to be of very little use, and not at all equivalent to a course of lectures and laboratory work in a recognized school. We need power to make by-laws to suit the requirements of the profession from time to time, for the regulation of all matters pertaining to education, curriculum of studies, fees, registration, examination, without having to submit the same for the approval of the Lieutenant-Governor and Council. This submission to the Governor and Council causes great delay and inconvenience, and besides is of no earthly use whatever. In Ontario, I believe the privilege is now granted to the profession to pass and make their own by-laws, without having to submit the same to the Governor and Council for approval.

If the profession in Ontario is worthy of this privilege, I fail to see why the profession in the other provinces of the Dominion should not enjoy the same. The advantages would be great, and save considerable delay and annoyance. At the last meeting of the Maritime Medical Association, held in Charlottetown, a resolution was passed

empowering the various Councils of the three provinces to have uniformity of laws and curriculum of studies, looking to the question of Maritime reciprocity of registration at least, and with that end in view, we expect to hear of New Brunswick and Nova Scotia applying for further legislation this coming winter. It would be a grand thing to have raised the profession throughout the Dominion to a common level or standard so that reciprocity could be readily obtained for any man who might desire to change his residence from one province to the other. The churches have no difficulty in transferring their members from one place to another; the lawyers have no difficulty, and why should the medical profession? It appears to me the difficulty will be solved quicker when every province will cease to recognize the degrees granted by the colleges as a legal right to practise, and adopt the common-sense principle of self-protection, that a State Board should constitute the sole authority for legalizing the practice of the medical profession.

The quacks find these Boards a great barrier to their progress, and that of itself should teach the members of the regular profession the necessity of upholding the laws and paying their annual dues without a murmur. It is a lamentable fact that there are a great many who grudge the small fee of two or three dollars a year to carry out the provisions of the law, which is really for the protection directly from quacks and quackery. But as guardians of the people, the responsibility is thrown upon the profession, who are supposed to understand better than others the great injury which the quacks inflict upon the common people. Through time, the Legislature may acknowledge this, and place a sum in their appropriation lists for the administering of the law. It remains for the profession here and elsewhere to be true to itself; stand firmly and unitedly; cease bickering and fault-finding; work for the common good, each realizing that the profession is benefited by their labours. Then they will pay their dues like men who are honourable in principle and practice. The free-trade and go-as-you-please idea does not find much shelter or encouragement amongst lawyers and clericals, so a word to the wise ought to be sufficient.

---

The Medical Society of Prince Edward Island,

at its annual meeting in July last, enacted the following by-laws :

*Resolved*,—That the examination fee to be imposed by the Council shall be thirty-five dollars, to be paid to the Registrar at the time of making application.

*Resolved*,—That the Council shall provide members of this Society with a certificate or diploma of membership on parchment, for which a fee not exceeding five dollars shall be paid.

The Secretary of the Council issued a circular to all the members, requiring this fee to be forwarded in advance, and that fifty, at least, were required to contribute and forward the amount. The following gentlemen have responded, viz.: Drs. Robt. D. McLauchlan, St. Peter's; Joseph De Noyer, Tignish; William Kerr, Malpeque; W. W. Alexander, Hemmingford, Que.; F. C. Lavers, New Ross, Nova Scotia; John McInnes, Red Point, Lot 46, P.E.I.

It is to be hoped that forty-four others will respond at once, as nothing can be done to procure plates and engraving unless the full complement has paid in. Those who have contributed will understand that the Medical Council is powerless to complete the work when the members of the Society are so derelict in their duty. Come, gentlemen, wake up, and forward your money at once. If you ever desire to leave this sand-bank, you want a decent certificate to show you were in reputable practice while here.

A. M. N.

---

### Original Communications.

---

#### ECLAMPSIA.

BY D. BECHARD, M.D., BELLE RIVER, ONT.

It is not my intention to launch out into some startling developments as to the diagnosis and treatment of albuminuria in pregnancy, and its subsequent result, eclampsia—especially when not taken in time to prevent its occurrence. Indeed, I would not deem it consistent with my present object in introducing this subject for the consideration of the medical profession at large, to deal with it in any other manner than through my own personal experience. The case which has fallen under my care is briefly as follows :

Mrs. E., aged 22, of French origin, has been

married a little over six months, primipara, residing about five miles from my office and residence. On Monday, July 17th, at about 8 o'clock in the morning, I was called upon to go and see the patient. I was told before going that the woman was having convulsions in rapid succession, and I at once made up my mind that they were puerperal convulsions. I at once proceeded to the house, and when I reached there she was having convulsions every ten minutes. I proceeded to examine her, and I found that the woman had been pregnant about six months; œdematous eyelids, and face pale and puffed up. Her mother made me to understand that in the morning about five o'clock, as she was getting out of bed, she took a strong chill, and she asked for a blanket to cover her up. Her mother proceeded to get the blanket, and when she returned she found her in those fits. She said that the patient had been complaining for the last four or five days of headache and dimness of sight, but took no heed of it, as she thought it was a slight everyday indisposition. As soon as I had obtained the history of the case, and saw the symptoms accompanying those convulsions, I came to the conclusion that I had to deal with a case of eclampsia, the result of albuminuria, pure and simple.

I at once put her under the influence of chloroform. I administered  $\frac{1}{4}$  gr. morphia, 1-150 gr. atropia hypodermically, and I gave her 5 gr. calomel and two drops of croton oil, placing it at the root of the tongue. Then I gave her an enema consisting of two quarts of warm rain water, with two teaspoonfuls of turpentine. By this time it was about ten o'clock in the forenoon; her pulse was 130; no fever. I left the place, only to come back a short time after; but because of other occupations at home, I could not go back to the house before three o'clock in the afternoon, when I proceeded to the place in haste, and I met her husband on the road, who was coming for me, as he said his wife was having convulsions again. When I reached the house, I at once administered chloroform and a hypodermic injection of morphia and atropia. I then punctured the membranes and about eight ounces of water was evacuated. I gave another enema as previously, and tried to obtain some urine, but could not obtain it, as she was urinating in her bed.



I went back home, and came back to the house at 9 o'clock p.m., and she had not had any convulsions since, but was completely unconscious. As before, I administered chloroform, gave her another enema, and I went home. Next morning I went to see the patient, and she had had fecal evacuations, and they had been able to gather a little of the urine for me. She was partly conscious; had had no convulsions since yesterday afternoon about four o'clock. I went back home, and about four o'clock in the afternoon I started for the place, and on my way I met her husband, who told me that his wife was having serious pains, so I came to the conclusion that the child was going to be born.

When I reached the house the child was born, and the woman was feeling well for the time, and had had no convulsions.

The urine which I brought home in the morning, after analyzing it, showed a large quantity of albumen. I immediately gave her the following preparation :

R	Magnesia sulph.....	̄vi.
	Fl. ext. jaborandi .....	̄vi.
	Fl. ext. columb .....	̄ii.
	Chloroform .....	̄i.
	Liq. arsenicalis.....	̄i.
	Aq. ad.....	̄xvi.

Tablespoonful every six hours.

She gradually grew better, and albumen was decreasing every day until Sunday, when her husband called on me at my office and said that his wife was having a very acute pain in the calf of the leg, and that she could not walk at all, so I gave him morphia powders to allay the pain, and a preparation of iron and hot bran fomentations over the leg, with complete rest, and now she is doing very well in every way.

## MESSAGE: ITS APPLICATION IN GENERAL PRACTICE.

BY HOLFORD WALKER, M.D., TORONTO.

It is now an incontestable fact that the art of massage, scientifically applied, possesses powers as a remedial agent, which few other arts can equal. The various movements, and the varying degrees of applying these movements, enlarge its beneficent

scope to such an extent that few are the persons who would not be directly benefited by its use.

When I allude to massage I associate with it the various movements generally known as Swedish, that are called for at various stages according to the individual case.

What is massage? I would define it to be the communication of motion to the tissues of the body "at best accomplished by the hands," the motion controlled by the various movements adopted and force used.

If this is correct, why should the mere communication of motion to the tissues prove so beneficial in various diseases and conditions, at times diametrically opposite? For instance, massage will make a thin person fat; it will also reduce the superabundant tissue of those unfortunates who are a constant burden to themselves, on the proviso that both conditions are abnormal, in which event massage ought to cure one as truly as the other if it stands on sure ground, and that it does so I have proved over and over again.

In order to understand the therapeutic application of massage, it is absolutely necessary to know its effect and influence on the system. Its mode of action is physiological, not pathological.

It removes disease process, not by substituting for it another abnormal process, but by directly substituting a condition of healthy action. Nor are there any unpleasant after results, such as frequently follow the administration of drugs, for example, opiates, stimulants, or purgatives.

The effects of massage have been arranged under four heads, mechanical, reflex, thermal and electrical. The effects of the first, or mechanical, are by far the most important, consisting as they do in stimulation of the interchange of cell contents under the influence of alternate pressure and relaxation; a quickened movement of the blood in the capillaries, increased activity in the movement of the areolar fluid; acceleration of both the blood and lymph currents in their respective channels; stimulation of the absorbents; removal of obstructions and concretions from ducts; increased secretion of the various organs; the promotion of the peristaltic movement of the intestines, and increased respiratory action and capacity.

The second, or reflex effects of massage are obtained by very light stroking and percussion. It

has a remarkable power of soothing pain and promoting sleep.

In very thin persons percussion of the pectoralis major, as we know, produces a wave of contraction which can be distinctly seen travelling across the chest, supposed by some to be a sign of phthisis, but merely indicating a degree of emaciation which permits the muscular fibres to be readily traced beneath the skin.

In consequence of the powerful influence which this apparently simple manipulation by light stroking and percussion is capable of exerting upon physiological processes of the body, we must in its administration carefully consider the force, number and rapidity of the blows, the duration of its application and the locality upon which it is applied, and greatly vary the modes of its application according to circumstances.

As we can by means of brief and light percussion develop first a contraction, and then, by a continuance of percussion of increasing severity, a dilatation, and finally paralysis of the vascular system, so percussion will produce a similar train of effects upon the sensory nervous system. At first percussion over a sensitive nerve increases the pain, which however rapidly diminishes, entirely disappearing and giving place to complete loss of sensation. Local anæsthesia can now be produced by the Faradic current of electricity if the battery is so constructed to vibrate at so many vibrations per second. How much is due to the vibration and how much to the electrical force has yet to be determined; no doubt both contribute in the result.

The thermal effects of massage are apparent to all muscular exercise producing bodily heat. Dr. S. Weir Mitchell carefully noted the effect in many cases.

The electrical effects of massage are most interesting, and further experiment is still necessary to solve how far these delicate currents are influenced by the electricity developed in the hand of the operator, and to what extent they influence tissue metamorphosis. But that massage stimulates the electrical contractility of a muscle, I have proved over and over again. To illustrate, let me quote a case reported by Dr. Dowse before his class—a child suffering from infantile paralysis, the affected limb having a surface temperature of 70° F. The poles of a battery were applied

and eleven mill. were required to produce muscular contraction. The limb was then massaged, and the temperature rose to 95° F. The poles of battery were again applied to same points; contraction followed the employment of only five mill. It is evident, therefore, that massage diminishes the resistance of the tissues to the electrical current, and increases the electrical contractility of the muscles.

Having thus very briefly referred to the physiological effects of massage upon the system, it is in order to view the practical side of the question and consider the diseases most likely to receive benefit by its employment, and in this I must also be very brief as the field is too large for a paper, each condition being quite ample for the purpose.

I will confine myself more particularly to practical experience, and will draw your attention to three or four conditions that prove massage to be more beneficial than any other mode of treatment at the present date.

I need not take up your time by referring to its unquestioned benefit above other means in neurasthenia and all forms of neuralgia. In those conditions I think it is unquestioned, but I particularly desire to draw attention to the remarkable results obtained in all forms of rheumatism, whether acute or chronic, even to that helpless condition, rheumatoid arthritis, where the deposit in and about the joints transforms the patient into a helpless cripple. I do not refer to those extremely chronic cases where time has permitted the deposit in and around the joints to produce true ankylosis, although even in these desperate conditions all the recently diseased joints can be relieved and the disease stayed. But in rheumatoid arthritis of one to three years' duration, you would hardly credit the results obtained by steady and faithful work on the part of the masseur. I will briefly illustrate with one typical case:

Mrs. C—, aged twenty-six, came to my hospital, July, 1891; was seized with severe attack of rheumatoid arthritis in October, 1889, which confined her absolutely to bed. From then until she came under my care, the brunt of the disease was in the hands, arms and right leg, could not feed herself, six of the finger joints were completely dislocated by contraction and deposit. Remained under treatment for three months; result: complete

restoration of the use of hands, arms and legs, dislocations reduced, perfect health established, able to play the piano, quite well again. Was confined of a healthy child a year after, and still remains in perfect health. No medicines were employed, the results were accomplished only by massage and its associated movements, and electricity, both galvanic and Faradic, as indicated.

The treatment will be found equally efficacious in ordinary acute or sub-acute inflammatory rheumatism. The proper application of massage will quickly remove all local pain in the region of the joints, a rubber bandage to be applied immediately after the application; the massage to be repeated two or three times daily. The rheumatic fever is controlled by the careful administrations of the medicine indicated according to circumstances. The rapidity of the convalescence and the freedom from pain will be found in marked contrast to the well-known sufferings of this unfortunate class. The rationale of the treatment is simply aiding nature to eliminate the rheumatic poison from the system by natural means and channels, and not exhausting the system by medicines that, however beneficial at the time, leave to Dame Nature the heavy and protracted task of restoring the lost equilibrium of health.

Another vast field where massage unquestionably leads as a remedial measure will be found in its application in the treatment of fractures, bruises, sprains and dislocations. It is only needed to convince even the most sceptical, if he will take two similar cases in either of the conditions I have named, and employ a masseuse in one, and treat the other by the most approved rest and splint treatment in vogue. There will be found to be no less than one-third to two-thirds saving in the time required for recovery, to say nothing of the saving of pain and discomfort. Fractures are left far too long in the tight splint, strangulating nature's efforts at restoration. An early, careful, daily removal and proper application of massage will quickly aid the work and restore the limb to usefulness in from one-third to one-half the time. There would be no such thing as non-union found on opening the splint as is frequently the case in weak or aged subjects. Equally good results are obtained in sprains, pain is quickly removed, and resolution effected in one-third the time of the

ordinary treatment, and the same may be said for bruises and dislocations.

The marked success of that non-professional class of persons known as bone setters, in Great Britain, is simply due to their making use of massage and its associated movements in restoring the use of limbs that have passed through the hands of many a worthy M.D. who failed to realize what was called for to restore the lost balance.

In massage, also, we have, I believe, the only natural and lasting treatment for the cure of that source of so many evils to which flesh is heir to, especially that of the weaker sex. I need hardly say I refer to constipation. The fabulous fortunes made by the proprietors of the various cathartic pills is evidence enough of the demand by the world at large for some "panacea" to relieve an otherwise intractable condition.

Riebmayer, an undoubted authority, asserts that, for habitual constipation, especially for persons of sedentary habits, abdominal massage, combined with pelvic gymnastics, constitutes the most desirable, sure and efficient remedy that we possess, to which I would add, after large experience, the application of the Faradic current of electricity, internally applied.

If we recur to the physiological effects of massage, we see at once when it is indicated to regulate the peristaltic movements of the stomach and intestines; to exert a favourable influence on the circulation of the blood and lymph so closely dependent upon these movements, and hence to act secondarily on the secretion and excretion of the digestive juices; to expedite the absorption of exudations; and finally to dislodge obstructing fœcal accumulations in the intestinal tract by direct mechanical action.

And in this connection I must not omit to refer to that ever-increasing army of dyspeptics, and to the brilliant results obtained by massage in certain forms. Our rest treatment would be futile in its results in this class of neurasthenics without its aid.

Lee observes: "It is probably in its effects upon derangements of digestion, taking the term in its widest sense, that the medical profession has been inclined to place the most faith in the employment of massage and movements, and not without reason.



In the present struggle for life, people would fain forget they possess a stomach or digestive tract at all, and push mind and body to the fullest extent of endurance, unmindful of the fact that this said dyspeptic tract is the engine and boiler of the whole fabric, and when it fails from neglect, down comes the whole structure with a crash. May kind Providence interpose and help the future generation in this respect, or I fear neurasthenia and dyspepsia will vie with each other in the number of their victims.

I cannot do better than quote Rubens-Hirschbergs, in his statement of the beneficial effects of massage in diseases of the digestive tract, where he says: "In cases of dilatation of the stomach, for example, in which the muscular tissue is weak, and the food is too long detained, it excites this viscus to contraction, and by determining a flow of blood to the parts, improves its nutrition." It increases the secretion of the gastric juice, and is especially useful in atonic dyspepsia. It relieves the symptoms of pain, weight and discomfort from which dyspeptics frequently suffer, and is one of the best remedies for flatulence, quickly expelling the accumulated flatus. By stimulating the nerves of the stomach, it is beneficial in many gastric affections of nervous origin. The best results are obtained in cases of chronic dyspepsia due to a catarrhal condition of the stomach; in the dyspepsia of anæmic or chlorotic girls it yields equally good results, and from my own experience I may say the rapidity with which a lost appetite is restored, when due to functional or dyspeptic conditions, simply borders on the marvellous, and there is no mistaking cause and effect in these instances: the cause, massage; and the effect, three hearty meals per diem, besides two or three quarts of milk, in a period varying from ten days to two weeks.

Time forbids my referring *in extenso* to the many equally serious conditions and equally beneficial results obtained by massage, but it will repay the physician who adopts it in his profession, in cases of threatened mammary abscess, and need I mention cholera, where we know it is the most potent means at disposal to overcome the frightful cramp, etc. Who does not use it in strangulated hernia, may I ask, and when massage fails him, he knows the knife is his one resort. It has a

brilliant record in intestinal obstructions and intussusception. In dropsies, and, in short, all diseases of the circulatory system, it will be found a material aid to other means.

In sciatica, Dr. S. Weir Mitchell gives it first place, associated with rest.

In paralytic nervous affections, I can only say, use it in your work. I would time permitted the report of a case of locomotor ataxia, in which it added life and comfort when all other means failed.

In all spasmodic nervous affections, chorea, etc., you will find it, in association with other treatment, your best peg.

Of course, the brilliant record is from the employment of trained masseurs. There are different grades of masseurs as there are different grades in our own profession. I can only say, obtain the best you can, and in proportion to the efficiency of the masseur will be the results obtained in each individual case. But in the event of meeting with failure in a clearly-indicated case, don't blame the massage, but do as I have had occasion to do, obtain a more efficient operator, and then note results.

And, finally, a word to correct a mistake in the opinion of only too many physicians who have not, or will not, inform themselves sufficiently as to the merits or demerits of massage. I have been surprised to find so many intelligent physicians totally unaware of the advantages of so potent a remedy at their hand to aid them in their anxious struggle with disease. I am so frequently told that Dr. So-and-So said, or says, his patient is too weak to stand massage, whereas, in truth, it will aid as nothing else will, if applied by a competent and trained masseur, in hastening convalescence after any protracted illness, and the more exhausted and weak the patient, the more marked and brilliant will be the results.

---

### Meetings of Medical Societies.

---

The meeting of the Canadian Medical Association, which was held in London, Ont., on September 20th and 21st, 1893, was a most successful and profitable gathering. It will be some time before the members of the Association will forget the excellent manner in which they were entertained

by the profession of London and others. The place of meeting for 1894 is St. John, N.B. The following officers were elected: President, Dr. T. S. Harrison, Selkirk, Ont. Vice-Presidents: For Ontario, Dr. F. R. Eccles, London; Quebec, Dr. J. Stewart, Montreal; New Brunswick, Dr. J. Christie, St. John; Nova Scotia, Dr. W. S. Muir, Truro; Manitoba, Dr. R. Spence, Brandon; N.W. Territories, Dr. F. H. Mewburn, Lethbridge; P.E. Island, Dr. F. B. Taylor, Charlottetown; British Columbia, Dr. R. E. McKechnie, Nanaimo. General Secretary, Dr. F. N. G. Starr, Toronto, Ont. Local Secretaries: Ontario, Dr. J. Olmstead, Hamilton; Quebec, Dr. J. V. Anglin, Montreal; Nova Scotia, Dr. R. A. H. McKeen, Cowe Bay; New Brunswick, Dr. M. McLaren, St. John; P.E. Island, Dr. Johnston, Charlottetown; British Columbia, Dr. Walker, New Westminster; Manitoba, Dr. A. M. McDiarmid, Winnipeg; N.W. Territories, Dr. Calder, Medicine Hat. Treasurer, Dr. H. B. Small, Ottawa, Ont.

#### BATHURST AND RIDEAU DIVISION MEDICAL ASSOCIATION.

The twentieth annual meeting of this Association was held at Carleton Place, on Wednesday, 28th ult. Dr. A. F. Rogers, the President, occupied the chair; and there were present, Drs. Preston, McFarlane, Sinclair, McEwan, of Carleton Place; Lynch, Burns, Johnson, Almonte; McCormick, Renfrew; Graham, Westmeath; Dickson, Pembroke; Easton, Smith's Falls; Malloch, Horsey, Edwards, Janson, Mark, Dewar, Baptie, Bell, Robinson, Klock, Hurdman, Scott, Playter, Small, Ottawa; and Drs. Sexton, New York, and Sinter, Ogdenburg.

Dr. Rogers, the representative of the Division, delivered his annual address, reviewing the work of the recent session of the Medical Council, and explaining the changes in the Medical Act by which the Division had been gerrymandered and added to three other divisions. A lengthy discussion took place, and the following resolution was unanimously adopted:

Moved by Dr. W. W. Dickson, Pembroke, county of Renfrew, seconded by Dr. Robt. Burns, Almonte, county of Lanark, and

*Resolved*,—That this meeting of the Bathurst and Rideau Division Medical Association, which consists of all the medical practitioners in the counties of Renfrew, Lanark, South Leeds and Carleton, desires to express their disapproval of the readjustment of the Territorial Divisions in Schedule A of the last Medical Act, whereby the counties of Lanark and Renfrew and South Leeds are separated from the county of Carleton. That we are of the opinion that the Territorial Divisions, as they existed before the Medical Act of 1893 was

passed, should be continued, and that increased representation should be secured by giving two members for No. 2 District, three for No. 3, and three for No. 7; the only change necessary would be to add the whole of Middlesex county to No. 2 Division. The reasons why we advocate this are as follows: 1st. This will secure representation by population, and allow five additional territorial representatives without disturbing the old boundaries of the divisions. 2nd. That this will not break up the old territorial associations, and the tariffs of fees, now existing in the said divisions, will remain in force and will not be obliterated. 3rd. That the medical associations now formed and in active operation in the old divisions will be allowed to continue.

That if for any reason it is found undesirable to continue the boundaries of the old divisions, then we strenuously oppose the separation of Renfrew, Lanark and Carleton counties one from another, and recommend that No. 15 Division be composed of Addington, Frontenac and Leeds; No. 16 of Lanark, Renfrew and Carleton, and No. 17 of Russell, Prescott, Glengarry, Stormont, Dundas and Grenville.

That the president and secretary be and are hereby empowered to take such steps as they may deem necessary to have this resolution carried into effect.

The following papers were read and discussed: "Hysteria in Practice," by Dr. M. A. McFarlane; "Ophthalmia Neonatorum with Pathological Specimens," by Dr. A. S. Horsey; and "Nasal Tuberculosis," by Dr. Geo. Baptie.

Dr. Playter also addressed the meeting upon the "Quarantine Service of Canada," and a resolution was passed, expressing the confidence of the meeting in Dr. Playter as a sanitarian.

The election of officers resulted as follows: President, Dr. A. F. Rogers; Vice-Presidents, Drs. W. R. Bell and R. F. Preston; Hon. Secretary, Dr. H. B. Small; Hon. Treasurer, Dr. H. Hill; Council: Drs. M. A. McFarlane, G. H. Groves, J. C. Rattray, G. E. Josephs, J. Graham, G. Forbes, L. C. Prevost, W. C. Cousens, A. E. Garrow.

On motion of Dr. Bell, seconded by Dr. Robinson, a resolution was passed—"That in the opinion of the Bathurst and Rideau Medical Association, now assembled, any public hospital providing accommodation for private patients should allow the patients to choose any legally qualified physician to attend him or her therein."

A vote of thanks was passed to the members of the profession resident in Carleton Place for their hospitality to the readers of the papers, and to the President, Dr. Rogers.

During the day the visiting members were entertained to a dinner, and an excursion to the Mississippi Lake.

## Correspondence.

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

### DR. BURROWS' LETTER.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

DEAR SIR,—From letters that have appeared from time to time in the Toronto dailies, from the action taken by the Medical Defence Association, and the members who, in a large degree, support that Association, I am led to believe that there are many who do not approve of the action of the Medical Council of Ontario.

I am one of those who think their past acts are not reasonably defensible, as being in the interests of those they are supposed to represent, and as the amount collected from the profession is very large, the remuneration to individual examiners largely increased, the expense of examinations greater, the comfort of students, and medical practitioners not properly consulted, it appears there is something radically wrong.

I hold that the investment of the money taken from the profession, and, in a large degree, from the students, and invested in expensive buildings under whatever pretext or excuse, was wrong and very ill-advised. I hold that this building was not necessary in the slightest degree, and to-day offers no convenience that could not readily have been secured without a cent's expense.

The main reasons given in excuse appear to be "that it will provide a reference library" to write letters in, "receive friends," meet the members of the profession living in Toronto, and lastly, "a proper place for examinations."

There is in Toronto at least one medical school offering excellent roomy accommodation, owned body and bones by the Province; also our Education Department, to which the same particulars apply. Are we tabooed as citizens and voters because we belong to the medical profession? Are these places barred against us? And the General Hospital, would not a room or ward, with bedside examinations near by, offer advantages? Then the first-class hotels, clubs and Young Men's Christian Association, what is the matter with these?

Other associations, secret societies, conventions

and gatherings which greatly exceed ours in point of numbers, are regularly accommodated. They have no reason to complain of any difficulty or unwillingness, why should we? And, as a matter of fact, do we? Are not all the reasons given foolish and ridiculous? Lastly, we are told that it is a good investment as a commercial speculation, and would realize an amount much greater than the original investment if placed on the market. This I doubt, anyway; of one thing I am satisfied that, as the supposed convenience and benefit is a myth pure and simple, the sooner the property is turned into cash the better, and the sooner that the money goes back to its original owners the better.

This investment was, to my mind, a mistake unjustifiable and inexcusable; but the Medical Council, as originally constituted, and the Medical Act were mistakes, as well as the personnel, which was not fairly representative of the ability and sobriety of the medical profession; the fact that any individual making oath that he was in practice before 1852, was entitled to registration; the fact that at its inception the medical colleges rammed, crammed, jammed hundreds of matriculates and their graduates through to take advantage of its provisions; the fact that it was a welding of incongruous elements, a matter of compromise with all schools and sects; and the fact that arbitrary powers were given to the Council, were from the first "building on a sandy foundation."

It is true that it has hung together, but it is equally true that the proceedings of this august body have at times been simply a disgrace and reproach to the profession, and the examinations at certain times, in certain subjects, and certain interests, a sham and a farce.

I think, sir, the general profession agree with me in these expressions. I do not agree *in toto* with all the Defence Association contend, nor do I justify these questionable acts of which the Medical Council have been guilty; but I do think that, while these acts have received criticism and censure, the individuals are not considered. What has been done by them may be mended in some degree. But are we to expect much improvement under the present regime?

Is it not patent that, from the first to the present, the same men, the same minds hold control, the same individuals give certificates of good con-



duct to each other, the same medical pensioners are on the roll? Why should this continue?

If we, as individuals, cut off the diseased limbs, why should this not apply to bodies corporate? Is it not time to call a halt, have a new deal, a complete change, and would it not be well for the profession to understand the position fairly, and at the next election see that a little rest is secured those so long in their service, and that change may be made as will the better satisfy the profession at large. I wish to state that I am prepared to advocate economy and retrenchment in the Council, always having due regard to efficiency, and if an economic policy were adopted in the financial affairs of the Council, I for one cannot see why steps should not be taken to do away altogether with the annual assessment. Thanking you for the space taken by this letter.

I am, dear sir, yours truly,

P. PALMER BURROWS.

Lindsay, Sept. 20, 1893.

#### DR. SANGSTER'S LETTER.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—I have to thank you for the insertion of my first letter, and for your excellent and judicious comments thereon. You profess to have limited your editorial retouches to the correction of my faulty orthography. In publishing this, and all future communications of mine, will you kindly leave my spelling just as you find it. Without any wish to disparage your superior erudition, I may be permitted to say that there are reasons—possibly not altogether within your personal knowledge and beneath your comprehension—which appear to me to warrant the omission of the *u* in such words as “honor” and “honorable,” and, further, that I am quite content to let both my orthography and my arguments rest on their merits. Perhaps, too, you will oblige me by avoiding, in future, the occasional elimination and substitution of words in my correspondence. I have no doubt you made these little improvements with the very best intentions—that you were moved thereto by an amiable desire to embellish or to strengthen my style, or to make my meaning clear, but, as a reasonable effort, on the part of my professional confrères, will enable them to comprehend what I am trying to say, I may be

pardoned, perhaps, for preferring my own language. Though my sentences may be uncouth and sadly involved, I would rather express myself thus imperfectly, and painfully, and, with an ungainly limp which is exclusively my own, than progress with ease and rapidity on the most polished crutches your editorial armamentarium can supply. I may add that, as I take the precaution to keep a carefully compared and certified copy of each letter I send to your journal, your very laudable zeal—though possibly untempered with discretion and certainly stimulated by the \$600 annual subsidy—is not likely to find profitable scope for its employment in this direction.

In quite another line of usefulness, however,—that of a literary acrobat—you not only achieve success, but must be nearly or altogether unapproachable. Why descend to the use of vulgar facts, or of hard-fisted arguments, when you can so gracefully demolish an opponent with a few bewildering gyrations on the editorial trapeze? It is no common feat to make a troublesome correspondent say, or, which comes to the same thing, seem to say, the very reverse of what he is trying to say, and, stupidly, thinks he does say. Yet, in a short paragraph or two, you several times accomplish this most difficult and perilous act of literary high-tumbling, apparently with perfect ease and unconcern! Allow me to congratulate you. No one but a really brave man—conscious of his superiority to the restrictions which hamper ordinary mortals in public discussion—would have ventured, while addressing a constituency so severely critical and discriminating as the medical men of this province, to openly pervert, on pages 1 and 2 of his journal, the printed statements contained on pages 13 and 14 of the same issue. Really, Sir, in the presence of such amazing intrepidity and matchless skill, I am lost in admiration and devoured by envy, and, in humble imitation of Alexander of old, can only exclaim “Were I not myself, I would like to be the editor of the ONTARIO MEDICAL JOURNAL.” That courage and freedom from vulgar restraints, which are so indispensable to the important position you fill, you evidently possess in an eminent degree, and I fervently hope that, in your future editorial comments on my letters, you will continue to thus freely challenge the wonder and appreciation of your readers.

It may gratify you to learn that your crushing, though courteous reference to the "bee" in the writer's bonnet has so blunted and demoralized his implement of offence that, if you have not altogether stopped his unpleasant "hum," you have, at all events, reduced him to the condition of a mere *tinnitus aurium*, and made him, henceforth, as stingless and innocuous as a lazy "Blue-bottle." Let this letter testify to the wonderful transformation you have wrought. But for that, instead of filling my stylographic pen with the milk of human kindness, and expending myself in congratulations and respectful compliments, I would, in all probability, have charged it with caustic, or with the venom of scorpions, and would have become sarcastic or tried to say something severe. Unhappily the peculiarities of your position preclude you from claiming all the merit that is justly yours—compel you to share the glory of your finest exploits, not only with your several sleeping associate editors—the "four (nameless) new men put on"—but also with the august body, by the grace and bounty of which, you write and tumble and have your being.

Having thus paid my tribute of praise to the cleverness and good-taste of your recent editorial, I will now, with your permission, proceed to business. In my last letter, I promised to discuss, in your journal, the ethics of the professional tax—the grounds on which I and others refuse to recognize it as an honest debt, and the utter absurdity of the charge, made and reiterated by you and your associates, that in promoting the recent crusade against the Medical Council, we were actuated, merely, or mainly, by a sordid desire to save the money involved in the payment of the annual \$2 assessment. Before attempting to redeem this promise, allow me to say that, in view of the professional elections next spring, and the possibility of the conditional reinstitution of this tax by the elected members of the new Council, these, and kindred points comprehended in their consideration, are of vital interest to all, and their fair and intelligent discussion is a desideratum. The issues involved in our next elections are momentous and far reaching. If the verdict given by the electorate on these, is to possess the character of finality, it must be rendered fairly and intelligently. The pivotal point on which it

will turn, is the question whether the assessment and coercive clauses of the Medical Act shall be restored in a shape permissible by the law as it now stands, or in any shape at all. Now, that fees, if assessed at all, are to be strictly self-assessed, medical men will not be averse to contributing towards the expenses of the Medical Council, provided the whole amount required, beyond its ordinary and legitimate receipts, is assessed equally upon the profession and the educational bodies. But, if I am not greatly mistaken, they will object, with startling unanimity, to any renewal of a scheme which, of the two constituencies concerned, taxes one but allows the other—though the more directly and stringently protected and vitally interested—to go scot free. If there must be an assessment, an equitable adjustment of the burden between the profession and the schools will be imperatively demanded. From our point of view, less than this would be less than what is right and fair, and, if peace and harmony are to be restored to us, they must, this time, rest on rock-bottom justice—if a new pact is to be made between the educational bodies and the medical electorate, both parties, this time, must enter into it with their eyes open. Hence the necessity of ventilating the whole matter either in the public press or in the professional periodicals. You cannot, if you would, prevent the discussion. You may, however, if you are so inclined, retain it largely in your journal and measurably control it. Let me explain on what conditions.

The tone and purpose of your printed articles show the futility of proposing anything like honest and serious journalistic debate with you individually. Your personal, or rather your editorial, gifts and graces—though rare and admirable of their kind—are more calculated to startle than to convince your readers, and neither honor nor solid benefit can accrue from a controversy so essentially one-sided. But behind your editorial chair, the circumstances of the hour have grouped a legion of eager auxiliaries anxious to help. Among these are to be found many able and eminent men—masters of literary fence who, even while fiercely exchanging *carte* and *tierce*, can respect their opponents and thus give evidence that they respect themselves—men who can ride Pegasus with the curb on, who know and can keep within the re-

straints and amenities of reputable journalism—gray-beards, in touch with public sentiment, who know the professional pulse too well to attempt to substitute personal detraction for argument, or literary high-tumbling for sober discussion. Now may I, without thought of offence, suggest the advisability of your accepting the assistance of these men in the present conjuncture, and, for the next few months, placing the preparation of your editorials exclusively in their hands. Possibly you have already taken steps in this direction and the “four new men put on” are of the kind required. If so, let us see the cunning of their handiwork in your next issue. It would be a mistake to take umbrage at my suggestion, for I honestly assure you, it is made in good faith and with good intent. It is dictated by a simple desire to let the profession arrive at the truth. I, and those in sympathy with me, have no more unworthy object in view, than to advance the best interests of medical men and medical education, and to secure the welfare and good government of the profession. Consequently we cannot, and we do not, desire that our contentions shall prevail except to the extent that they are right, and able to withstand honest assault. We are content, therefore, to give you the privilege, if you care to have it, of placing our views before the profession, accompanied with the corrective of such fair and honest editorial comment and refutation, as honorable men may make and submit to. It appears to me, you can afford to accept these conditions. We simply stipulate for just and courteous treatment—for such an elevation in the character and tenor of your editorials as will show that we no longer have to deal merely with men of straw. You have plenty of material behind you. Bring your best men to the front, and put both heart and brain into your management, so that it may be worth any honest man’s while to carry on a controversy in your journal.

On our side there are scores of men who, by position, attainments, influence, and use, are better qualified to champion our cause than I am, but in the absence of an abler pen, mine is at the service of my fellows. It is in no spirit of presumption that I undertake the task. Were it not for my strong and abiding conviction that we propose nothing but what is just and proper, I would not write at all. Believe me, Sir, I am keenly alive to

the disparity of the forces engaged. On the one side yourself, and the “four new men put on,” having unlimited space and plenty of leisure and moved by a lively conviction that the \$600 subsidy is at stake, and, behind you, the whole personnel of the Medical Council struggling to piece together the ragged remnants of its damaged prestige, its salaried officials—with their fat stipends trembling in the balance, and all the learning and ability of the educational bodies, and their dependents and allies, ready to fall to when occasion requires. And on the other side—what? An obscure country doctor, without assistance or advice—occupied in a hard struggle from day to day to win his bread and butter—who can devote to the discussion only an odd hour, here and there painfully snatched from needed rest and sleep, and whom you, yourself, have, by a few masterly touches of your editorial pen, described as a harmless lunatic, a crank with a bee in his bonnet—so hopelessly illiterate that even his orthography is not above reproach.

Now, Sir, you say I dared you to publish my last letter. If you look again you will find that I did the very reverse. I wanted it, as I want this, published in full and without mutilation. I felt then, as I feel now, that if, in view of the fact that you have invited these communications and have grossly misrepresented my statements, you were, on any plea, to refuse the insertion I ask, it would be said that you were afraid of its effect on the profession.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Sept. 9th.

---

#### LODGE DOCTORS.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—In your July number I see an article from Dr. MacKinnon, of Guelph, on lodge doctors, and in the same number a reply by Dr. Oronhyatekha, Supreme Chief Ranger of the Independent Order of Foresters.

Dr. MacKinnon’s article is an able and trenchant exposure of the contract system of doctoring. This system of cheap doctoring is not only adopted by the Foresters, but in cities is also adopted by large manufacturing and other companies employing many hands. The remuneration is very inadequate for the services rendered, and the only way the



physician can recoup himself is by securing other patients through the influence of the contract ones. The contract doctor, therefore, does an injustice to himself and an injury to the whole medical profession. When remonstrated with, his reply invariably is, "If I do not do it, another will."

Dr. MacKinnon says the Council ought to stop this practice by legal enactment. This is right. Of late, I have conversed upon this subject with several doctors who have been, and still are, court physicians, and they say, "We hope the Council will stop it; it does not pay us, but if we do not do it, others will." These men are elected, and they know the day is coming when they will certainly be thrown out of office; then they in turn must suffer by this unjust system. If the Council will remedy this evil, they will receive the support of ninety-five per cent. of the profession. They are appointed custodians of our rights, and if they throw themselves into this breach and defend us, they will be upheld and receive the almost united acclaim of the profession.

To-day mechanics, artisans and men of almost every calling are organizing for self-protection, that they may obtain a reasonable recompense for their services, and yet medical men are degrading themselves and their calling by taking patients at a dollar a year, making "hewers of wood and drawers of water," and the veriest slaves of themselves for the benefit of Foresters and others.

Dr. Oronhyatekha says, "The I. O. F. is a fraternal benefit society, which aims to secure for its members certain benefits, among them being *insurance and medical attendance at the lowest possible cost consistent with safety and permanence.*" Every man who is solicited to join the Order has cheap insurance and cheap doctoring held out to him as the two chief inducements. The cheap doctoring comes out of the medical profession, and they, more than any others, are carrying the Order.

Dr. Oronhyatekha says, "No one will deny that the securing of free medical attendance for all our members is a prudent thing to do, so far as the Order is concerned." True; but what about the lodge doctor, who frequently gives as much attendance to one patient in a year as is worth all he gets for the whole lodge? He may well boast that they frequently give "free fuel, free rent and free raiment to their members."

The doctor says, "The competition of the court physician ruins practice," and Dr. Oronhyatekha's rejoinder is: "There is no doubt that it plays havoc with the practice of some physicians, because our court physicians, as a rule, are among the best and most successful practitioners in the country, and their brethren in the Order do not forget to tell this to others." When a doctor joins the Order, he does so, not as a skilful doctor, but as an ordinary member. When he applies for the office of court physician, if legally qualified he is eligible, and it is not the most skilful man, but the most popular man, who is elected. The members recommend him, not because he is skilful, but because he is their court physician. I have nothing to say derogatory of court physicians, but the best men in the country do not accept such positions.

Dr. Oronhyatekha says it is untrue that the members of their Order complain when they employ other than the lodge doctors, and have to pay the ordinary fee. I say it is true in many cases, for I have had Foresters grumble at my charge, when it was moderate, and they wished to gauge it, in a measure, by that of the lodge doctor. Their system gives them a low estimate of the value of the medical man's services.

Dr. MacKinnon suggested that the Council should remove this evil, and Dr. Oronhyatekha says, "Would not the following better meet the worthy doctor's tribulations: 'It is hereby enacted that twenty-five per cent. of the professional income of the young and successful physicians be taken and divided equally among the Rip Van Winkles, whose patients have nearly all been taken away by death or by the young and successful court physicians of I. O. F.'?" This is a piece of flippant impudence, and a gratuitous insult to every experienced physician, and a disgrace to Dr. Oronhyatekha. This shaft is aimed at Dr. MacKinnon, but it has fallen far from the mark. He is no Rip Van Winkle, but an energetic, wide-awake man, fully abreast of the times, stands in the vanguard of his profession, and his practice has not been "taken from him by the young and successful court physician of the I. O. F.," for he still holds a large and lucrative practice. He does not divide his time between his profession and the office of Supreme Chief Ranger in the I. O. F. and other offices of inducement in other societies.

Dr. Oronhyatekha's letter is the special pleading of a well-paid advocate. The following is from the *Toronto Empire* of September 9th, 1893 :

"The Foresters at the Chicago Convention rendered deserved recognition to their Supreme Chief Ranger, Oronhyatekha, and the Supreme Chief Secretary, John A. Macgillivray, by fixing salaries at the handsome figures of \$8,000 and \$5,000 respectively, coupled with complimentary references to the efficiency of these officers."

I do not know the exact salary Dr. Oronhyatekha receives, but it is large. While he draws this large income, travels in Pullman cars, puts up at palatial hotels, lives on the fat of the land and associates with the princes of the Society, which, in many instances, means the best men in the lands where the Order is established, he is using his utmost endeavours to rivet the chains of slavery upon our profession by perpetuating the system of lodge doctoring. He does not give all his time to the Foresters for this large salary, because he holds other offices in other societies to which salaries are attached.

Yours obediently,

JOHN PHILP.

Listowel, Sept. 13th, 1893.

#### DETECTIVE WASSON'S ANNUAL REPORT.

TORONTO, *June*, 1893.

*To the President and Members of the Ontario Medical Council :*

GENTLEMEN,—I beg to submit to you my annual report for the year ending June 10th, 1893. In substance, would say that, previous to my appointment as prosecutor for the Province, I was dealing and bringing to justice in Toronto several men calling themselves the "Eminent Physicians and Surgeons," who would arrive in Toronto in the early part of November, 1891. Upon investigation, I found that the man who was head of the whole affair was named John Murray, and that Dr. William Anderson, of Lambton, was the doctor. I had Murray before the Police Magistrate in Toronto for a breach of the Medical Act. I summoned Dr. Anderson, and, in giving evidence on oath, stated that he examined all patients. On the face of that statement the Magistrate dismissed the case against Murray.

After that, they started places of business in London, Hamilton, Kingston and Ottawa. I

started out after them, and found them doing the same business as in Toronto. In Kingston, I laid a charge against a man named Lee, the agent there, who skipped out and broke up the business there. I subsequently heard of a farmer in Orillia who had paid them \$200. I went to Orillia twice, and he came to Toronto with me and laid a charge of fraud against Anderson and Murray. I went to Hamilton, when Anderson broke up the business there and went to London. I then proceeded to Ottawa, taking a man with me. I found Murray there rushing a big business, with another man named Millar. I arrested him then, and laid a charge against Millar, but he skipped to Montreal.

As soon as Murray was arrested, I telegraphed to London to arrest Anderson, when they were both brought to Toronto and taken before the Police Magistrate. The Crown Attorney said, for some unknown reason, that he was going to withdraw the charge, which he did. I had other charges which I intended bringing against them, as I was determined not to let them get a foothold in Ontario. Subsequently Murray and Anderson issued a writ against the farmer and myself for \$20,000.

I then saw M. Pinkerton, of Chicago, who interviewed the Marshal of Illinois, who gave me a statement that Murray's name was Dr. W. H. Hale, with several other aliases, and that he was wanted in several States in the Union, and for me to get him to any part of the States and arrest him. I told Murray to go ahead with his suit. He said he knew that I was determined to follow him, and took all the things he had and left Ontario. Anderson withdrew his suit and paid the costs.

Murray and Millar went to England. I wrote to the Scotland Yard detectives about them. Murray was arrested in Liverpool for fraud, when the authorities wrote to me about his antecedents, which I gave them. He is now serving eighteen months in jail. Millar is at large, but a warrant is out for him. I have still a warrant out for Murray and Millar for a breach of the Medical Act here.

I secured evidence against Dr. Anderson, when his case was investigated by the Discipline Committee in December, 1892. I also got evidence up against Dr. S. E. McCully, which was investi-

gated at the same time. During the year I have secured evidence against eight medical practitioners for unprofessional conduct, which I will submit to you to be dealt with. Some of them have cost me a great deal of time and money, but trust that if an investigation be held as to their character, I will be in a position to produce evidence to sustain my report.

In requesting the Council to investigate any case against a medical practitioner, the application had to be signed by four regular practitioners. I am instructed by Mr. Osler that the charge be laid directly by me, dispensing with the practitioners names.

There has been a number of reports brought to my notice regarding students practising. In most cases where I found that it was so, I went to them and let them know that unless they stopped practising and went to school to study and try the examinations, I certainly would prosecute. I found that, in a number of cases, it had the desired effect, as some have passed, and others who have not, have written that such is the case, and asking that the Registrar recommend any young man who has passed to come and take the practice until they pass.

In the early part of January it was reported to me that a number of American doctors were practising on the Niagara frontier, and would not allow the Canadian doctors on the American. I went up there and interviewed every Canadian doctor, but not one of them could tell of a case that had been treated within a year, in fact, some of the doctors were in favor of the American doctors coming over, and from what I could learn, that one man telephoned to the other side that I was there. I came back to Toronto, and brought two men with me to watch every bridge, but none of them came over, although I got the names of them all from the chief of police. I laid an information against one man, but he has not come to the Canadian side, so that he could be served.

In the Murray, Students' and Niagara cases, there was no revenue derived, but there was quite an outlay. I herewith submit a statement showing amounts rendered and paid out, namely, twenty-three convictions, amounting to \$825.00, and expenditure over \$889.44. This includes legal expenses, the criminal prosecution, and over \$150

paid out in appeal and costs in the Owens case in Forest.

In a great many cases, to secure a conviction, I informed the presiding magistrate that I had no interest in the fines, but my duty was to prosecute and secure a conviction, and they generally imposed the minimum fine, and in some cases when the evidence was not very strong, the case was dismissed, which was only in two.

I may state that, in Bruce and Kent counties, I have appointed a constable in each as assistants, so that now I have got them well versed in medical work, and when any cases are reported from those districts, I instruct them to prosecute, and in all cases to hire a solicitor, and send me the bill, and if they want me to wire. I have also two men whom I take out in some cases, so that I can send them down east, or use them for evidence.

I desire to draw your attention to the method of prosecuting at present. As I am away from home a good deal of my time, I have to pay a man a regular salary of \$38 a month to look after the building, and as I have to pay all costs of the prosecution, which some months amount to \$100, out of my own pocket, and do not receive it from the treasurer until I put in my bill at the end of the month, it sometimes leaves me in an embarrassed position, as I have to borrow the money until the end of the month. I would kindly request that a certain amount be deposited to my credit, and that I furnish my expense bill monthly to the treasurer, certified to by the Registrar.

Trusting this will meet with your approval, and thanking you, gentlemen, for the support given me in trying to fulfil my duties towards the College of Physicians and Surgeons of Ontario, I shall be pleased to furnish any other information at my disposal. I remain yours,

THOMAS WASSON,

*Detective C. P. and S. O.*

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—As some of my friends have asked me if my hospital was the one advertised for sale in some of the Canadian medical journals, will you kindly permit me to say such is not the case, and oblige,

Yours truly,

HOLFORD WALKER, M.D.



## Book Notices.

*Gray's Anatomy, New (13th) Edition.*—Another edition, the thirteenth, of this standard work is announced for early publication by Messrs. Lea Brothers & Co. It is hardly too much to say that this work has been the most popular of all medical text-books whatever since its first appearance in 1851. Its text has been revised successively by the foremost anatomists of a generation, and the present edition embodies whatever changes were necessary to make it represent its advancing science. The illustrations have always been noted for their clearness. Their large size has rendered it possible to print the names of the parts directly upon them, thereby indicating not only their names, but also their extent—a most important matter. A liberal use of colours has been made to secure additional prominence for certain parts. Notwithstanding these improvements, the constantly increasing demand has justified a reduction in the price of the coloured edition. An early review will appear in these columns.

*On Diseases of the Lungs and Pleurae, including Consumption.* By R. DOUGLAS POWELL, M.D., London, Fellow of the Royal College of Physicians, Physician Extraordinary to Her Majesty the Queen, Physician to Middlesex Hospital, Consulting Physician to the Hospital for Consumption and Diseases of the Chest at Brompton. London: H. K. Lewis, 136 Gower St. 8vo. Price 18s.

The well-known publisher, H. K. Lewis, has now in print the fourth edition of this work, with illustrations. The author has, besides his work on the "Diseases of the Lungs," given us three primary chapters on the Anatomy, Physical Examination, and Examination of the Sputum. His table of physical signs is very full and very valuable, his treatment of that part of the subject being very exhaustive. In Chapter III. one only has to read properly to have a first-class idea of how to do all microscopic work in connection with the sputum, and, combined with the plates, we have a decidedly complete view of the subject. The chapter on climates (Chapter XXXV.) is full, but not so valuable to us on this side of the water, as his remarks refer chiefly to continental resorts, although he does mention the high parts in the

Western States as good winter residences. The general treatment of the different diseases is excellent and modern, but we looked for a stronger expression of opinion from such a good man on the use of Depressants, especially Ipecacuanha in hæmoptysis, this drug having been given great praise lately in English circles for its efficiency. The book is a work of six hundred pages, carefully indexed, and well printed on good paper, and is a strong addition to our works on the lungs.

*Tooth Extraction: a Manual on the Proper Mode of Extracting Teeth,* with a table exhibiting in parallel columns the names of all the teeth, the instruments required for their extraction and the most approved methods of using them. By JOHN GORHAM, M.R.C.S. London; Fellow of the Surgical Society of Guy's Hospital, London. London: H. K. Lewis. 1893. Price, 1s. 6d.

This is the fourth edition of this little work, and will be found of very great service by the dental surgeon, giving in a form brief and ready of reference, the proper instruments to be used for each tooth and the proper modes of their extraction. Brute force has been the too common method. The manual exhibits clearly the better way.

*A Chapter on Cholera for Lay Readers: History, Symptoms, Prevention and Treatment of the Disease.* By WALTER VOUGHT, Ph.B., M.D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with coloured plates and wood engravings. In one small 12mo volume, 110 pages. Price 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

A little knowledge is said to be a dangerous thing; but a good deal of information upon a subject derived from a reliable source, and applied in proper channels, is a most valuable acquisition. The little book before us will be found not only interesting but highly instructive to any who may desire to become better acquainted with the subject of "Cholera."

The first part goes into the history, together with the direction and rapidity of travel. This shows a striking contrast now to what it was in the early part of the century, being indeed the difference in

the distance travelled by an express train in a day, and that by foot or by a caravan. A full account of the development and spread of the disease in America is given, from the earliest records up to its appearance in New York in 1892. We are then given a full account of the discovery of the bacillus, a description of its appearance, and an estimate of its vitality in the various media in which it has been discovered.

We should think that portion of the book devoted to the prevention of the disease would be the most useful to the lay reader, for whom the work is principally intended. The last section deals with the various means of disinfection, and a lucid description is given, not only of the manner in which the various solutions may be prepared, but of the way in which they may be used.

Parke, Davis & Co. have just issued, for gratuitous distribution to inquiring physicians, two valuable brochures, one entitled "Acometric Syllabus," and the other, "Biologic Therapeutics."

The first named work embraces forty-two closely printed pages, giving diseases and indications in each, which may be met by the use of diurnules and diurnal tablet triturates. It will be of much interest to practitioners requiring a system of medication involving the most certain remedies in the minutest form.

Under the head of "Biologic Therapeutics," are furnished reprints of the lecture of Hector W. G. Mackenzie, M.A., M.D. (England), on "The Treatment of Myxedema and other Diseases by the use of certain Organic Extracts," also an illustrated paper by Edward Carmichael, M.D., Edinburgh, on "Cretinism treated by the Hypodermic Injection of Thyroid Extract and by Feeding;" besides excerpts from prominent medical journals upon the use of thyroid gland in therapeutics.

Either or both of these pamphlets will be mailed free to any physician applying to Parke, Davis & Co., Detroit, Michigan.

#### PAMPHLETS RECEIVED.

*Abscess of the Larynx.* By PRICE BROWN, M.D., Toronto. From the *New York Medical Record*.

*Organic Stricture of the Œsophagus.* By PRICE BROWN, M.D., Toronto. Reprinted from the *New York Medical Journal*.

## AN EPITOME OF CURRENT MEDICAL LITERATURE.

### MEDICINE.

**Treatment of Pericarditis by Ice Bag.**—The *British Medical Journal* for February 18th, 1893, gives an abstract of an article by Dr. Leeds. He draws attention to the serious consequences, through damage to the cardiac muscle, of the formation of adhesions which too often result in pericarditis after apparent recovery. He pointed out that the present treatment of pericarditis was practically *nil*, or, worse than this, harmful, because very frequently the onset of this disease causes the physician to stop the use of the salicylates.

He has tried the application of the ice bag over the pericardium in such cases with very good results. In his opinion it subjects the adjacent inflammation, relieves cardiac depression, and actually acts as a true cardiac tonic. Of course it should be used with caution, and the patient should not become chilled. The application is generally favoured by the patient.—*Journal of Balneology*.

**Caffeine-Chloral in Chronic Constipation.**—Professor Ewald, of Berlin, has made use at the Augusta Hospital of a combination of the two drugs named in the heading. He has found it valuable for the treatment of constipation, when the compound is administered subcutaneously. He has made use of injections of four or five grains dissolved in water, and he has only failed once in thirteen cases of obtaining, as a result, thin stools; in some of these cases the ordinary drugs and free irrigation had been used without avail.

Ewald has also used the compound in a small number of rheumatic cases that had been resistant to the salicylates. In seven out of eight cases the injection of from three to six grains in twenty-four hours has been followed by reduction of pain and swelling in the affected joints. These injections, according to the information given in the Berlin correspondence of *Notes on New Remedies*, are usually not attended by any pain, although in a few cases there was a slight burning sensation at the point of the injection. The well-known, but not

very uniform, laxative action of caffeine appears to be intensified by the presence of chloral in the compound. If this is a fact, it would seem to be contradictory of certain experiments on the lower animals that have been reported as showing that caffeine, in the presence of chloral, is almost wholly masked. Urea and cyanogen, in like manner, are said to be masked when given with chloral. However it may be as to the overmastering agency of chloral with other substances than caffeine, it seems to be an indisputable fact that caffeine-chloral has a therapeutic future before it in the treatment of chronic constipation.—*N. Y. Med. Jour.*, July 22nd, 1893.

**The Etiology of Malaria.**—The latest addition to our knowledge of the bacteriology of malaria has been contributed by Dr. Julius Mannaberg, in a paper read before the Society of Physicians at Vienna. He divides the micro-organisms connected with malaria into two groups: (1) Parasites with direct sporulation without syzygies; and (2) parasites with direct sporulation and with syzygies. In the first group he places the micro-organisms connected with the quartan and tertian varieties of the disease; in the second, the pigmented and unpigmented organisms found in the blood of patients suffering from quotidian ague, and also those described as occurring in the malignant forms of tertian ague. Dr. Mannaberg had observed the latter variety before Marchiafava and Bignami described them, and corroborates these observers in every detail, both as regards the appearance of the parasites and the nature of the disease produced by them. Dr. Mannaberg further demonstrated by means of special illumination, that the younger forms of all organisms are not found in the corpuscles, as Marchiafava and Celli maintained, but, as Laveran had previously shown, are to be seen adhering to the outside of the red corpuscles. As regards the semilunar bodies in the blood of malarial patients, which have been described by several observers, Dr. Mannaberg states that in forty-three cases of "summer fever" (due to infection by the organisms contained in his second group), he found them thirty-seven times. He considers that these semilunes are formed by the coalition of two to four amoeboid bodies, and states that he has been frequently able to demon-

strate the approach of such bodies to each other and the subsequent appearance of a semilune. Dr. Mannaberg opposed Laveran's views that the semilunar bodies were the result of the cachexia produced by malarial poison, for he had never seen them in the blood of patients suffering from the forms of disease produced by organisms of his first group when the ague had lasted for a very considerable period, but had frequently found them within the first few days of the fever in the blood of patients suffering from the more severe forms (second group) of malarial poisoning, but in which cachexia was not marked. Finally, he considers the treatment of malaria by quinine, and maintains that the organisms are destroyed and rendered inert by the action of this drug.—*British Medical Journal*.

**Spontaneous Rupture of the Symphysis Pubis During Labour.**—Oelschlager (*Centralbl. für Gynäkol.*, 1893, No. 24, p. 563) has reported the case of a primipara, twenty years old, in which, with the onset of labour-pains, two eclamptic attacks occurred in quick succession. The lower extremities were edematous, and the urine contained a small amount of albumin. The promontory of the sacrum could be touched with two fingers introduced into the vagina. The head was quite high in the pelvis, and but slowly followed in the grasp of the forceps, a not excessive degree of traction being exercised. As the head began to rotate in the small pelvis, a crack was distinctly heard. Examination disclosed a separation of 1.15 inches in the situation of the symphysis pubis, and the delivery of a living child weighing nine pounds was soon readily effected. On the day following the labour, a leather support was applied to the hips. For two weeks the region of the symphysis was tender upon touch and painful upon movement, but a week later the woman was able to be up and about, although a light degree of separation of the pubic bones persisted.—*Medical Progress*.

**Multiloculated Pleural Effusions.**—Rudolph (*Centralbl. f. klin. Med.*, June 17th, 1893) draws attention to the practical importance of this form of pleural effusion. The loculi may be quite separate from each other or may communicate. The character of the effusion must depend on the



causation ; in empyemata the tubercle bacillus, the streptococcus, the pneumococcus play the chief part. The loculi may even contain different kinds of fluid. The author refers to a case already reported by him (*Epitome*, May 28th, 1892, par. 468). He now records a second case, in which the patient had an empyema on the left side. After 750 c.cm. of pus had been evacuated, the physical signs over the præcordium remained unchanged. At the necropsy, in addition to a purulent pericarditis and an endocarditis, another empyema was found between the mediastinal pleura and the lung, a situation which the author thinks a frequent one for the second empyema. In the third and fourth cases there was a serous effusion in patients with early phthisis, and it was only when the second loculus was tapped that the physical signs cleared up. Want of correspondence between the amount of fluid and the extent of the dullness is an important sign. Thus the fluid should be measured, and the chest examined after the evacuation. The persistence of fever in the absence of other cause for it should suggest a second loculus. The prognosis depends on the primary disease, and on the recognition of the condition. If the effusions are serous and small, the salicylates are useful. Tapping may be required. If the effusion is purulent, the chest must be incised, and, according to the author, a piece of rib removed. If the second loculus cannot be opened through the first, it also must be opened from without.—*British Medical Journal*.

**Phenacetine for Urinary Troubles in Advanced Life.**—Dr. Traill Greene (*University Med. Magazine*) says the majority of such troubles present symptoms of excess of uric acid or urates in the urine, and the subjects probably suffer from rheumatism or gout, and acquire the habit of too frequent urination. In many cases there may be an irritability of the bladder.

During the past year the writer attended a patient for whom he had prescribed for a year or two for frequency of passing urine. While under treatment of an another affection, he had occasion to prescribe a dose of phenacetine and was glad to learn the following morning that the patient had passed the night without a call to pass his water. The medicine was continued in doses of ten grains

for several nights, and rest for eight hours, from 10 p.m. till 6 a.m., was produced. The patient did well until the summer vegetables and fruit, like tomatoes, were eaten, when night troubles from frequent urination returned. Phenacetine was prescribed, with immediate relief. The particulars of another similar case are also given.

Phenacetine may be recommended, if for no other reason than that it allows the bladder to be distended for eight hours, and so prevents the reduction of the capacity of the bladder, as is known to occur when the urine is discharged as soon as two or three ounces collect in it ; so that the organ must be distended by injections of water to restore it to its usual capacity, in order to relieve the sufferings of such as have a bladder contracted by frequent urination.

As to the action of phenacetine, it is possible that the bladder is irritated by the urates, and this is allayed by his medicine, similarly as it acts in rheumatism and neuralgia. The quantity of urine is not diminished, as far as has been observed.—*Med. Times*.

**Immunity in Diphtheria.**—The experiments which Behring, in the Institution for Infectious Diseases, and Aronson, in the Laboratory of the Agricultural College, Berlin, are conducting with the object of providing a serum, or a product from serum, which can be used in convenient doses for the treatment of diphtheria, have been attended with a very considerable degree of success ; but it appears that there are great difficulties in raising the degree of immunity sufficiently high and at the same time preserving the animals in health. There can, however, be little doubt that sooner or later the zeal and talent of these experimenters, or some of their fellow-workers in the same field, will be rewarded, and that we shall have, in a convenient and reliable form, a specific remedy against one of the most fatal diseases.—*Medical Record*.

**Two Cases of Cocaine Susceptibility.**—No. 1. Young man, florid, stoutly built, healthy and robust, farmer. Operation for stricture of lachrymal duct. Had used about one-half of the contents of small dropper, which held about thirty-five drops of four per cent. cocaine solution. While waiting a moment, attention was called to the

patient by his drawing a deep, sighing respiration, then falling to the floor in a dead faint. Gave half a glass of whiskey, and in a few moments he recovered, but was in a dazed condition for half an hour.

No. 2. Young lady, actress, delicate, anæmic-looking girl, suffering from an attack of acute tonsillitis.\* Sprayed about fifteen drops of a two per cent. solution on tonsils and pharynx, preparatory to the application of a thirty grain solution of nitrate of silver to the tonsils. Patient immediately suffered great distress, evinced by difficulty of breathing, and said she felt that she was "smothering to death." Gave her glass of sherry, and made application to tonsils.

She appeared to get all right; but, upon walking to waiting room, fell in a faint. Gave another glass of sherry, bathed face with ice water, and in a few moments she recovered sufficiently to go home, but was quite ill and nervous for eight or ten hours afterwards.—GEO. BROWN, *The Atlanta Med. and Surg. Jour.*

---

**Chlorobrom in Sea-Sickness.**—"I have no hesitation in pronouncing it the most satisfactory remedy yet produced for the treatment of sea-sickness. In those cases particularly where the patients, though not suddenly and violently sick, were in a state of chronic misery with headache, nausea, great depression, sleeplessness, and no appetite (a condition frequently dangerous in delicate people undergoing a long voyage), I have found chlorobrom, properly administered, most valuable; as a rule the nervous symptoms disappear, and the patients never fail to gain refreshing sleep and generally make a rapid recovery. Its ease of administration, safety and complete absence of objectionable after symptoms are points of great importance. I have also found the solution exceedingly useful in many cases of insomnia and nervous derangements."—DR. LEDINGHAM, *Lancet*.

---

**A Case of Mastitis in a Child of Four Months.**—The following case seems worth recording, because, although mastitis during the first few weeks of life is common, its occurrence at a later period of infancy is certainly very rare.

Cecilia C., aged four months, was brought to the New Town Dispensary on December 29th, 1891,

on account of swelling of both breasts. She was the youngest of a healthy family of eight, and both her parents were very robust. She had always enjoyed perfectly good health with the exception of a slight feverish attack about a month ago, which her mother thought was influenza. No swelling of her breasts was ever noticed till eight days before I saw her, and no injury was known to have occurred.

She was a remarkably well-grown and well-nourished baby, with nothing abnormal about her except the condition of her breasts, both of which were visibly enlarged. The right breast seemed, on palpation, to be about the size of a bean, and was soft and painless. The left breast was much enlarged and fluctuating; it measured one and a quarter inches in diameter, and was about three-quarters of an inch in thickness; the skin over it was reddened and very tender.

On December 31st the left breast was incised and two drachms of sweet pus evacuated. It healed in a few days. Both breasts remained enlarged for some weeks. On January 19th they were still each the size of a large pea. By Feb. 2nd, 1892, all swelling had disappeared.—JOHN THOMSON, M.D., F.R.C.P. ED., *Archives of Pediatrics*.

---

**Use of the Analgetic Antithermics.**—For migraine: antipyrine is to be preferred (fifteen grains to one drachm a day in capsules or in grog).

For lightning pains, due to locomotor ataxia, compression, and bad teeth: Acetanilid, seven grains, three times within twenty-four hours.

For neuralgia: Exalgin, four grains in the morning and in the evening.

For nervous pains: Phenacetin, fifteen to forty-five grains within twenty-four hours.—DUJARDIN-BEAUMETZ, *Times and Register*.

---

**Gastric Neurasthenia.**—As late as 1878 Leube concluded that many disturbances, found especially in women, which heretofore were called catarrh, are truly of nervous origin, and to substantiate his contention, he gave the ordinary test breakfast, and after digestion began he examined the contents and found that in many of these cases digestion proceeded and continued perfectly normal. Yet, accompanying this act, certain symptoms developed, as headache, dizziness, palpi-

tation, and others referable to the digestive tract, such as belching, eructations, yawning, hiccup, gaping, griping, etc. Leube argued that there must either be a poison generated and absorbed, or the nerves of the stomach must be hyperæsthetic.

As the disturbances began almost immediately food was taken he concluded, rightly enough, that the poison theory was untenable and that hyper-sensibility was the only sensible explanation.

It is somewhat difficult to understand that these disturbances, coming often without any apparent cause, should affect the stomach, but few, if any, have a perfectly balanced nervous system, and vulnerable points are to be found if sought in every individual—points that respond too fully or too feebly. No resistance, no inhibitory power,—nerve storms sweep over them like the wind over the high seas. Weak by nature, weakened perhaps by excesses, what wonder that the stomach may, like other organs, call to us aloud. To-day it is admitted by all who have studied gastric diseases, that there exists a well-marked neurasthenia which admits of classification according to the function disturbed—so that we may distinguish motor, sensory, secretory, and perhaps vaso-motor disturbances, the latter because it is possible theoretically, though no cases have been reported so far as I know, and would no doubt be very difficult to diagnose, unless cases which are characterized by great faintness and pallor be put in this class.

It is first always necessary to determine whether the case belongs to the irritative or depressant form of neurosis, also how far the general bodily health needs toning up. In the irritative forms, shown by pain, vomiting, etc., opium and its alkaloids are our sheet-anchors, belladonna, hyoscyamus, chloral and other sedatives acting sometimes very well.

Washing out the stomach, as first recommended at Kussmoul's clinic, often relieves when everything else fails, and it is advisable, in all cases that resist for any length of time the influence of drugs, to try the washing.

Change of air very often does well; going from a low to a higher altitude and *vice versa*, or from a warm to a cooler climate; sea voyages, sea bathing; changes of occupation, as from a sedentary to active life.

In the depressant forms, stimulants and forced feeding. Forced feeding must very often be done

by means of a tube, as the patient frequently loathes the sight of food. In such cases gavage, as recommended by Dujardin Beaumetz, is the best method. This is carried out by means of a short rubber tube reaching down the œsophagus to a point opposite the cricoid cartilage. Food should be liquid, and introduced slowly to prevent vomiting. The amount of food per diem for an adult varies within wide limits, but it is always best to begin with a good deal and await developments. Wiessner recommends 100 grammes of albumin, 150 grammes of fat and 300 grammes of carbohydrates. This is represented by two quarts milk, two ounces butter, six eggs, and three and a half ounces sugar. Feeding as a rule has not to be continued very long, for when patients find that digestion proceeds regularly they get encouraged and begin to eat of their own accord.

The argument first used and still used against forced feeding for weak stomachs seems hard to answer. But as a weak heart, weak lungs, weak muscles are aided and strengthened by exercise, why cannot the same argument apply to the stomach?

Experience has proven that from forced feeding, and it alone, can we expect to get good results in the depressant forms. In the irritative forms, such as vomitus nervosa, forced feeding by the stomach is almost a fatal error, and we must rely on sedatives and enemata; so that care must be taken in diagnosis.

Each group of cases has its own peculiarities, and must be treated accordingly, and the physician who sticks to the one rut and changes not will often meet with failure. It is in neurotic patients that individual idiosyncrasies must be studied and treated. Patience, firmness and tact in the physician are most essential attributes in dealing with these cases.—GUNN, *Montreal Med. Jour.*

**Lectures on the Conduct of Medical Life.** (By S. Weir Mitchell, M.D., LL.D.)—A soldier was asked in my presence what was, in warfare, the most interesting thing. He said, "Recruits going into their first battle." What he thought as to the young soldier I feel whenever it is my lot to see a mass of men about to turn from the training of the schools and to face the grim realities of the physician's life.



Here before me are some hundreds of men in the morning of existence. Where will the noon-day find you? And the evening hour, when labour is over, and, looking back, the conscience, undisturbed by new ambitions, shall make up the ledger of a life—will it leave you weighted with the debts of wasted chances, or rich with the honest interest of accumulated character? That the veteran, like myself, should look with a certain sad curiosity at a group of young soldiers is not strange. Here are men of varied individuality, of unequal fortunes, of every condition of life—some for whom all their ways have been thus far made easy, some for whom life has been always hard. Here, at least, within these walls you have all had equality of opportunity. Let me hopefully presuppose you one and all to have used with diligence the precious years of training. You have thought, of course, of what you want to win. You vaguely call it success—success in life. That may mean many things you did not want or expect. You will fail where you least look for failure. You will win what you never dreamed of getting. . . .

I shall try to remember only that you are all to be of the great army of medicine. First of all, I own for you the wish that in this vast organized body you shall take honest pride. Through it you will earn your bread, and, I trust, much beside a mere living. That you may correctly estimate its splendid history, that you may fitly comprehend the opportunities it gives, let us look a little broadly for a time at some of its virtues and some of its values. I could wish that you were really taught something of the wonderful history of medicine. I have myself ancestral pride in the splendour of its conquests, the courage and heroism of its myriad dead. I am fond of saying it is a guild, a fellowship, a brotherhood, older than civilization. It had a creed of moral life antique when Christ was born. No other organization is like it. Customs, code and creed separate the lawyer and clergyman of different lands, but we in all lands hold the same views, abide by the same moral law, have like ideas of duty and conduct. From Japan to London you may claim medical aid for self or wife or child, and find none willing to take a fee. There is something fine and gracious in this idea.

I once asked the care of a physician I never saw or heard of before in a German town. As I was

about to pay him a card dropped from my pocket-book. He glanced at it, and said, "But you are a doctor; I can take nothing—nothing." I remonstrated in vain. "No," he said, "you will make it up to some other doctor." I believe that I have paid this debt and other like debts with interest. I hear now and then of men who break this beautiful rule which makes professional service given by one physician to another a friendly debt for which the whole brotherhood holds itself responsible. Doctors are said to differ, but these bonds of union and generous amity are mysteriously strong. Try to keep them so, and when you serve medical men go about it as if they were laymen. Put away all thought of wasted time, of the commercial values of what you give. The little biscuit you cast on the waters will come back a cheerful loaf. I consider it a glad privilege to help thus my brothers in medicine, and let me assure you few are more heavily taxed than I.

And there is another privilege your profession brings. From the time you graduate until you cease to work, whether in town or country, hospital or wretched homes, the poor will claim from you help in time of sickness. They will do it, too, with tranquil certainty of gracious service on your part.

The greatest of moralists has said, "The poor ye have always with ye." I think He meant to speak of the poor as representing opportunities for self-sacrifice never absent. Of a certainty it applies to us. The poor we have always with us—the sick poor. . . .

On every Friday I conduct the clinical out-service at the Infirmary for Nervous Disease. I never go through these long and tiresome hours of intense attention without feeling that it is needful to put some stress on myself that I be not negligent or hasty, vexed or impatient, or fail as to some of the yet finer qualities of social conduct. I want you also to feel that such self-watchfulness is needed. These early years among the poor, or the class of uncertain debtors, are apt to make some men rude, and uncared, and ill-tempered. Most honestly do I say that such work is what I may call an acute test of character. . . .

A part of your life-work consists in giving of your best to those who cannot pay. A part consists in work for honest wages. I think you happy in that

our work is not altogether paid labour, and not wholly work without pay. In both are chances which, rightly used, make the good better, the wise wiser; and there are many sides to it all.

I do not like to leave this subject without a living illustration. It is strange and interesting to see what our life does with different kinds of men

I once went through a hospital ward in France watching the work of a great clinical teacher, long gray in the service of the sick. It was as pretty and gracious a thing as one could see. The examinations were swift, the questions few and ready. Clearly, he liked his work. A kindly word fell now and then; faces lit up as he came near. Now and then he answered a patient gravely and simply where there was real reason to do so, and twice I observed that when he did this he sat down, as if in no haste—a nice trait of gentle manners. It was a ward of women, and he was very modest—a too rare thing in French hospitals in my student days. When he went away his interne told me that he had been very sharp with him for a piece of neglect, “but,” said the doctor, “he never says a word of blame at the bedside.” In fact, this great physician was a gentleman—a much abused word—but think what that may fully mean; a man in the highest sense of manhood—so gentle (good old English word) that every little or large act of duty or social conduct is made gracious and beautiful because of the way of doing it.

I saw a week later a great French surgeon in his clinic of women. The man was as swift and as skilful as could be. He was also ill-tempered, profane, abrupt, and brutally immodest—a strong, rough, coarse machine; and this was what the medical life had done with two men. With less intellect this rude nature must have altogether failed of success in life. He did not fail being a man of overwhelming force and really admirable mental organization; and so when you read of Abernethy’s roughness and the like, pray understand that such great men as he win despite bad manners, and not because of them. There is no place where good breeding and social tact—in a word, habitual good manners—are so much in place as at the bedside or in the ward. When Sir Henry Sidney wrote a letter of advice to his son—the greater Sidney, Sir Philip—he said, “Have good manners for men of

all ranks; there is no coin which buyeth so much at small cost.”

A clever woman of the world once said to me: “I sent for Dr. A. yesterday, and by mistake the servant left the message with Dr. B. He came at once, and really he was so well-mannered and pleasant that I quite forgot what a fool he is.”

I know men who have had large success in practice chiefly because of their gentleness and sweetness in all the relations of life. I know of far more able men who have found life hard and the winning of practice difficult simply because they lacked good manners or wanted tact. We began about the poor, and here we are discussing manners. I had not meant to say of it so much, but, on the whole, I am not sorry. Pray remember, finally, that neatness of dress and the extreme of personal cleanliness are, shall I say, a sort of physical good manners, and now-a-days the last words of science are enforcing these as essential to surgical success.

There is a wise proverb of the east, “He who holds his tongue for a minute is wise with the wisdom of all time.” I am fond of proverbs, and this is full of meaning, for really to refrain from instant speech when irritated is victory. An hour later you are sure to be silent enough. The temptation to speech is momentary. Above all, try not to talk of your patients—even with doctors. It is usually a bore to be told of cases, and we only stand it because we expect our own boring to be, in turn, endured. But my ideal doctor who reads, thinks, and has a hobby will not need to gossip about patients. He will have, I trust, nobler subjects of conversation. When I hear a young man talk cases or read them in societies with heavy detail of unimportant symptoms I feel like saying of him, as was once said in my presence of one who amply justified the prediction, “That man has a remarkably fine foundation for dulness in after life.”

The methods of note-taking you are well taught, and, too, I hope, the best ways of examining your cases. As to this, circumstances must guide you. A patient is often a bad witness, and one man gets at the truth of his case—another does not.

As to acute cases, it is immensely valuable to learn through concentration of attention to be rapid without omissions. Dr. Edward Dalton is quoted as saying to his class, “After careful and repeated auscultation, percussion, palpation, and even suc-

cussion of your patient for twenty minutes, *you* may not be very tired. *He* is."

As you go on in practice you will get to be fond of certain drugs.

Be a little careful of this habit, which has its reasonable side. Even the best of us fall into this therapeutic trap. I once met in consultation the late Prof. Blank, a delightful and most able physician. As I came out of the house I fell upon his son, also a doctor. "Ah!" he said, "you have been meeting my father; I am sure he advised Plumer's pills"—an old mercurial preparation. It was true.

As I watch the better medical practice, I see a tendency to rely less upon mere drugs, and more and more sharply to question their value.

The true middle course is to be sceptical as to new drugs, and to test them over and over before being mentally satisfied. Nor is it well to run into the extreme, which in our civil war caused an order forbidding the use of calomel because of the folly and indiscretion with which a few men had used it. After all, one of the most difficult things in ours, the most inexact of sciences, is to be sure of the value of a drug. When studying the poison of serpents, I found the most positive printed evidence of the certain value of at least forty antidotes. Not one of them was worth the slightest consideration. Such a fact as this makes one careful of crediting the endless cures to be read in the journals.

When you come to read over the works of the great masters, dead or living, and to see how Sydenham or Rush, Cardan or Bright, did their work, you will be struck, as I have been, with the great stress laid upon habits of living—what shall be eaten, diets, exercise, clothing, hours of work and rest. Curiously enough, these dicta are more often found in their records of cases than as positive theses; a proof that, in his practical work, a man may be better and wiser than in his generalizations. When, therefore, you come to deal with chronic conditions, be sure to learn all there is to learn as to the ways of men, their diet, clothing, sleep, work, play, wine and tobacco. I like to make a man describe to me, with minute care, his average day. Then I consider, usually, how much of what is clearly wrong may be set right by a life on schedule. After that comes the considerate use of drugs.

The desire for drugs is a remainder from barbar-

ous times. It is much in the way of what I call natural medicine. *Do* this and do *not* do that might cover a large amount of useful treatment if men would but consider the doctor as a wise despot to be implicitly obeyed. But just here I wish to add that the very men who are most chary as to drugs are those who, at times, win splendid therapeutic victories by excessive diets, or heroic use of powerful medicines.

Much nonsense is talked about the injurious influence of drugs until, in the very word drug, there is a malignant sound. Men used to be over-bled orsalivated. This does not occur now-a-days. And if I asked your whole faculty how many people they have seen permanently injured by mere medication, I fancy they might be puzzled to bring to mind illustrations of such mischief. The belief is another survival of conclusions founded on premises which perished long ago.

Men in our profession fail more often owing to want of care in investigating cases than for lack of mental power. One man looks at the urine carefully once and decides; another looks once at the night and morning water and concludes; a third asks that there be made no change in diet or habits for a week, and examines the urine over and over, both the night and morning secretion. Of course, this is the only right way. Troublesome? Yes, very! If you do not want to practise medicine as it ought to be practised, better far to get some business which will permit of indolent intellectual-tion.

A friend of mine had a consultation in the country as to a case of great importance. The attendant fell ill and could not meet him. My friend went over the case with care. It was one of persistent headache. He took home urine of the night and morning, and wrote word that the patient had uræmic intoxication. The attendant said "No"; that neither casts nor albumen were in the urine which he had thrice examined. At last, puzzled, my friend asked if he had studied the night urine. He said "No." And here was the mischief.

I saw to-day a woman of wealth and social importance who, for years, suffered cruelly from headache. Now, as it always began after an hour of very acid vomiting, a dozen of the ablest men in Europe and America, who were led off by the vomiting, failed to take in the whole possibilities,



and did not question the eyes. But a little country doctor did, and a tendon or two clipped put that woman back in a state of health. I was one of those who made the mistake, and yet I have written, was perhaps the first to write, on the eye as a cause of headaches of varied type. But to be constantly complete and exact in all examinations is, I admit, hard; nevertheless in that way lies success.

And the like axiom applies to treatment. You are taught in acute disease to write your directions and to leave no possibility of change unprovided for. And the acutely ill are prisoners of our will. But how many men think it needful to write out a schedule of life, medicine, diet, exercise, rest for cases of chronic disorder—I do not say disease. I never tire of urging that in attention to minutiae lies the most certain success. A large practice is self-destructive. I mean that no over-busy man can continue to give always, unfailingly, the kind of care patients ought to have. But that is, as I said in my first lecture, a question of enduring energy, and of the firmly made habit of dissatisfaction with the incomplete. If medicine consisted only in mere intellectual endeavour; if to see, hear, feel weigh, measure, in a word, know all there is to know of a case, were really all; if, then, we only had to say do this or that, one's life might be sufficiently easy.

In time of peril, or under stress of pain, any one and always the great consultant, can secure absolute obedience. In the daily current of practice, fancy and unbelief, indolence, prejudice and what-not, stand in our way. Busy men, indulged children, hysterical women are your worst difficulties. Then come into play the moral qualities which, in union with educated intellect, make for the triumphs of the great healers of their kind. Are you gentle and yet firm? Have you the power of statement, which is so priceless a gift, the capacity to make the weak, the silly, the obstinate feel as you speak that your earnestness rests on foundations of kindness, and of thoughtful investigation of their needs? Can you, in a word, make people do what you want? Have you the patience to wait untroubled by the follies of the sick, to bide the hour when you can carry your point? Have you the art to convince the mother that the sick child is the last of all who should be left to the misery of self-indulgence? Can you sit by the

bedside and gently satisfy some hysterical fool of her capacity to take up anew the reins of self-government? It demands earnestness. It means honest beliefs. It exacts such rule over your own temper; such good manners as few possess in their highest degrees of quality and quantity. Above all, it means that dislike of defeat which makes the great soldier.

A fine thing in our profession that mere hatred of defeat. As I came once out of a consultation with Prof. Gross, he said: "Don't you hate it, sir?" "Hate it; what?" I said. "Hate what?" "Oh, to spend a life like yours or mine, and be beaten—puzzled—licked, sir—by a miserable lump in a woman's breast." I always liked what General Sheridan said to me years ago. I asked how he accounted for his constant success in war. He hesitated, and then replied: "It was because I did so hate to be licked." No matter whence comes this feeling, it is valuable. Cherish it; never lose it. Find reason for disaster, but learn to loathe the result. I never see a death or a grave failure to cure that I am not personally hurt by it. I say, then, "A century hence this will be otherwise," for as I am proud of the past of this great guild, so am I full of glad hope for its future, when it shall have learned the conquest of cancer and tubercle.

I have come again half unexpectedly, as I draw to a close, upon this grave question of the moral qualities needed for the noblest success in medicine. It would lead me, and easily, to talk of the code, of your relations to the secrets of households, to the criminal law as to witnesses, of insurance cases, and the like: but all of this I must leave unsaid, and reject the pages in which I had said something of the ethics of our profession.

You have chosen a life inexorably hard in what it asks of soul and mind and body; but be that as it may, you have taken upon you, I surely think, the most entirely satisfactory of earthly pursuits. I have seen much of men and their ways, but nothing I have seen entitles me to think there is any truer, better way of serving God and man, and in this service making yourself what you ought to be.—*From Univ. Medical Magazine.*

---

The urethritis caused by bicycles bears a close family resemblance to gonorrhœas contracted in water-closets or bad beds.—*Medical Fortnightly.*

## SURGERY.

**Appendicitis.**—N. P. Dandridge writing in the *Lancet-Clinic*, concludes his article by presenting the following conclusions :

1. A considerable number of mild cases may be left to medical treatment.

2. Persistency of symptoms or severity of onset indicate the necessity for operation.

3. If pus is found in an acute case, a limited search for the appendix only is permissible.

4. Chronic cases should be operated on during an attack if necessary, but an operation during an interval is safer.

5. In cases with heavy masses of exudation and adhesions if pus is present, tearing up the adhesions involves great danger of peritoneal infection ; if not present, search for the appendix should be prolonged until it is found.

**Poulticing the Ear**—Dr. Albert H. Buck, writing in the *International Medical Magazine*, says that while heat is one of the best remedies in painful inflammation of the middle ear, and the poultice the best method of applying heat ; as usually put on, the poultice has little effect.

What should be done, he says, is to first fill the external auditory canal with lukewarm water, the head resting on the unaffected side upon the pillow. Then a large flaxseed poultice is applied over the ear, as hot as can be borne. The column of water is thus kept warm, and acts as a conductor between the poultice and the inflamed surface. —*Medical Record*.

**To Get Rid of the Odour of Iodoform.**—Dr. W. Washburn, of this city, writes, *apropos* of a recent item on the deodorizing of iodoform : "In the *Medical Summary* for June, 1893, an article by myself gives an easier and more convenient method. It is there stated that both ether and chloroform are solvents of iodoform, and will remove every trace of it and its odour if the hands are washed with a trifle after washing with soap and water. The hands have a peculiarly clean feeling after using chloroform, dry instantly and require no further washing. As nearly every physician carries ether or chloroform in his satchel, and as turpentine would be an additional burden, there is

this also in favour of these drugs, they are always at hand. When clothing has been saturated with iodoform, the proper thing is to first apply chloroform to the spot and rub it in, then wash with castile soap and water, and finally apply chloroform—or ether will do as well if chloroform is not at hand. Any seams coming within the space to be cleaned will require careful attention, just as the nails will if the hands are to be deodorized. The proper way for the nails, is to dip a bit of soft wood (a match whittled flat is handy and efficient) in chloroform, and with this clean under the nails. I have derived great comfort from applying this method in daily practice."—*N. Y. Med. Record*.

**Trigger-Finger in a Child of Seventeen Months.** Dr. Von Genser. (*Wiener klin. Wochenschr.*)—In a boy seventeen months old, Von Genser found that the ring finger of the right hand when bent could not be straightened without some force, the resistance apparently lying in the first interphalangeal joint, motion not being painful. The mother noticed it soon after birth, and the condition, therefore, is apparently congenital. He could find only two cases in the literature of the subject at so early an age—one being in a girl five and a half years old, the other in a three-months-old boy, both being congenital and affecting the middle finger.—*International Medical Magazine*.

**Guaiacol in the Treatment of Bone Tuberculosis.**—Griffith (*American Surgery and Gynecology*, vol. iii., No. 9) states that :

Guaiacol, where used locally or internally, is a powerful antiseptic in tuberculosis.

Tuberculous patients to whom guaiacol is given internally show marked increase in weight, strength, and appetite, if the use of the drug is continued long enough.

The exhibition of guaiacol in joint or bone tuberculosis should be continued through a long period of time.

Guaiacol, unlike its close relation, creosote, is non-irritating to the stomach, and is well borne for a long period.

Lastly, guaiacol is a great aid to the surgeon in the treatment of all forms of tuberculosis of joints or bone.—*Therapeutic Gazette*.

**Treatment of Comedones.**—Dr. H. von Hebra (*Hospitals-Tidende*, No. 11, 1893) prescribes the two following solutions in the treatment of blackheads:

1. R Rose water, }  
     Alcohol,        } aa. ....gms. 10  
     Glycerine,     }  
     (ʒijss).  
     Borax. ....gms. 5  
     (ʒj¼).

Shake before using.

2. R Green soap. ....gms. 40  
     (ʒj¼).  
     Spir. lavender. ....gms. 10  
     (ʒijss).  
     Alcohol. ....gms. 80  
     (ʒijss).

Every morning wash the skin with No. 1, and then rub in No. 2. Then wash off with warm water.—*Lancet-Clinic*.

**For Impotence.**—The following case illustrates a method suggested by Dr. King in the *Boston Med. and Surg. Journal* to remedy a condition which usually plunges those subject to it into the most deplorable state of mental suffering.

Mr. M., aged thirty-five, a labourer of powerful physique, came to me about a year ago with the following history: For several years he had been losing the power of maintaining an erection, during the past year its duration having been so short that sexual intercourse had been rendered impossible. There was a loss of sexual desire and great mental depression. Excessive use or abuse was the cause of this condition.

I gave all possible encouragement to the patient; advised total abstinence from sexual intercourse, cold baths (especially to the spine and external genitals); prescribed bromides, cannabis indica, cantharides, damiana, phosphorus and salts containing it; pushed strychnine as far as it could be borne; gave various tonics; used electricity; and, in short, tried everything which offered any hope of success, but all to no effect so far as producing any stronger erection was concerned.

Careful study of the case convinced me that the immediate cause of the trouble was a physical one, due to a leakage, as it were, or to a too rapid escape of blood from the penis when erected. I therefore determined to ligate a couple of the

larger subcutaneous veins at the base of the penis and watch the effect.

This was very easily done by the use of cocaine. A vein on each side of the penis was exposed, ligated in two places and severed between the ligatures. A dressing was lightly applied and held in position by a strip of adhesive plaster placed longitudinally. The result was immediate. In less than five minutes after leaving my office he had an erection. That night he was awakened by a powerful erection which made the bandage so painfully tight that he was obliged to jump out of bed upon the cold floor to subdue it. Primary union was prevented by the frequent erections, but the success of the operation was certain.

Two months later he reported himself well, mentally and physically; his sexual appetite had returned, and since the operation, his power of maintaining erections had been as good as ever.—*Maryland Med. Journal*.

**Treatment For Sprain.**—In the *International Medical Magazine*, July, Dr. Gibney draws attention thus to a method advocated by Mr. Cotterill, London. He says: Physicians often talk in a vague way about ruptured ligaments in sprains, but as a rule the ligaments are not ruptured. What really happens is, that the tendons and the capsule of the joint are strained. When such an accident occurs, there is ecchymosis and swelling, the fluid in the sheath of the tendon becomes increased, and we have all the usual signs of acute sprain. After you have excluded fracture and dislocation, proceed to treat the sprain properly in the following simple manner: Put the injured foot on an inclined plane, or tell the patient to lie with the foot upon the head of a sofa for some time, while some one carefully and patiently rubs the injured tendon. After a few hours of rest, straps of adhesive plaster should be applied like a Scultetus bandage, beginning below the seat of injury and continuing up two or three inches above the injured area. Over this a piece of cheese-cloth is applied for the first night, and a light bandage. As soon as the bandage is applied, let the patient put on the shoe and insist on his beginning to walk in your presence. After the first few efforts it will be comparatively easy. Never allow these patients to use crutches, and never be guilty of using plaster



of Paris or a fixed dressing. If the toes show a tendency to swell, they should be strapped first. After about a week, fresh plaster should be put on. I first adopted this treatment five or six years ago, and I have treated sprains that way ever since, and have never felt that I have made a mistake in so doing. Quite recently I have treated chronic sprains by giving the patient ether, and producing a condition simulating an acute sprain, and so far with fairly good results.—*Maryland Med. Journal*.

**Surgical Cases of Tuberculosis and Treatments by Phosphate of Copper.**—M. Lenton recommended the salts of copper in the treatment of tuberculosis in general in 1885. M. de Saint Germain has again brought the treatment to attention. It is principally in tuberculosis of the joints that it has been employed. The preparation is:

1. Phosphate of soda in crystals, 5 gr.  
Glycerine and water (equal parts) 60 gr.
2. Acetate of copper, 1 gr.  
Glycerine and water, 40 gr.

Mix the two solutions without filtering.

Injections are made in doses of one gramme at intervals of two weeks. The injections provoke a fever which lasts from one to three days. They may be given in any part of the body, but deep injection behind the great trochanter is recommended. Nine cases are reported treated by the method. As yet, there have been no recurrences of the disease, and as the remedy seems entirely devoid of danger, it seems worthy of a more extended trial. ERNEST LUTON, *Mal. de l' Enf.*

**Radical Cure of Inguinal Hernia in Children.**—It is generally considered that an operation for the cure is more grave below the age of five years. With careful dressings, however, the wound may be sufficiently protected, and the author has operated upon four children of less than five years of age without experiencing the least difficulties. In congenital hernia there is sometimes a retro-peritoneal dilatation. The author has met this four times in adults. This offers an anatomical cause for the lack of success of a bandage. The necessity of wearing a bandage day and night for several years, and the great amount of

attention which it requires are strong arguments against it. With a child over three years of age the operative treatment is to be advised.—BROCA, *Mal. de l' Enf.*

#### MIDWIFERY.

**Birth in the Coffin.**—The *Medical Press* quotes the following singular case from a German exchange: "The patient, aged thirty-five, was attended in labour by a midwife on the 19th of June. The same evening at 7 p. m., the woman died undelivered. The funeral took place three days later. On the 5th of the following July the body was disinterred on account of an accusation of malpractice made against the midwife. On opening the coffin there was found, 'between the thighs of the corpse, the body of a male child.' There was also 'total eversion of the uterus, together with the vagina.' It is supposed that the decomposing gases in the abdomen of the corpse were sufficient to cause the expulsion of a normally presenting foetus."—*N. Y. Medical Record*, July 26, 1893.

**Brasseur on a Case of Conception During the Puerperal Period.**—The writer quotes a case (already published in the *Centralbl. für Gynæcol.*) of a woman aged twenty-two who was delivered on July 4, 1892, of her first child. July 8th she practised coitus and was again delivered March 10, 1893, of a child measuring fifty-two centimetres in length and weighing 3,550 grammes. Calculating from the date of coitus, the second pregnancy lasted 243 days, that is, 27 days less than the normal.

The case caused considerable discussion. Ovulation must have existed in the woman on the fourth day after the delivery, and it was necessarily quite independent of menstruation.

Koenig, who originally reported the case, draws from it the following deductions:

1. A gestation period of 243 days after a fecundating coitus may produce a viable child
2. The spermatozoa can live in the lochial secretions.
3. The functional activity of the ovaries is not completely suspended during pregnancy. The Graafian follicles so open that they may burst a very short time after delivery.

4. Ovulation and menstruation may occur independently of each other.

5. Among vigorous women during the period immediately following confinement, the uterine mucous membrane may undergo a rapid regeneration which renders possible the implantation of a fecundated ovule immediately after delivery.—*Gaz. méd de Liège*, June 22, 1893.

**Albuminuria after Labour.**—Aufrecht (*Centralbl. f. klin. Med.*, No. 22, 1893) examined the urine in thirty-two patients, in good health, and without gonorrhœa, before labour, immediately afterwards, and again twenty-four hours later. The catheter was always made use of, and precautions as to cleanliness employed, the result being that no albumen was found before or twenty-four hours after labour, but eighteen of the above patients showed albumen, varying in quantities from 0.002 to 0.0005 per cent. in the urine drawn off immediately after parturition. Boiling, nitric acid, and Erbach's quantitative test were applied to each specimen, and microscopically the albuminous urine contained epithelial cells, and in one case

blood corpuscles, but never casts. The labours were all normal, and the puerperal period gave no trouble. The author considers that the violent expiratory efforts cause a temporary venous obstruction and consequent albuminuria. From these observations, he draws the following practical conclusions: (1) As regards labour, the urine should be examined immediately beforehand; if albumen be present, labour should not be allowed to continue too long, in view of the probable increase of albumen; should eclampsia occur, its cause may lie in the state of the urine, and parturition, if practicable, should be accelerated. (2) As regards the pathology of the kidney, it is shown that albumen may exist without casts; there are therefore probably an accompaniment of a congested kidney and a product of inflamed epithelial cells.—*British Medical Journal*.

#### GYNÆCOLOGY.

**Amenorrhœa and Corpulence.**—Lomer (*Centralbl. f. Gynäk.*, No. 27, 1893) described before the Hamburg Obstetrical Society a case of

[OVER.]

## THE TRUSTS CORPORATION OF ONTARIO.

OFFICES AND SAFE DEPOSIT VAULTS:

**BANK OF COMMERCE BUILDING, KING ST., TORONTO.**

Authorized Capital,	-	-	\$1,000,000.
Capital Subscribed,	-	-	\$800,000.

#### DIRECTORS:

HON. J. C. AIKINS, P.C., TORONTO, *President*.  
 HON. SIR R. J. CARTWRIGHT, K.C.M.G., KINGSTON, } *Vice-Presidents*.  
 HON. S. C. WOOD, TORONTO, }

J. L. BLAICKIE, Esq., Toronto,  
*President Canada Landed & N. Inv. Co.*

WM. COOKE, Esq., Toronto.

HON. C. F. FRASER, M.P.P., Brockville,  
*Minister of Public Works, Prov. of Ont.*

HON. J. R. GOWAN, Barrie,  
*Senator of Canada.*

WM. HENDRIE, Esq., Hamilton,  
*Director Canada Life Assurance Co.*

J. J. KENNY, Esq., Toronto,  
*Managing Director West'n Assurance Co.*

G. W. KIELY, Esq., Toronto,  
*President Toronto Street Railway.*

M. LEGGAT, Esq., Hamilton,  
*President Landed Banking & Loan Co.*

ALEX. MANNING, Esq., Toronto.

WILMOT D. MATTHEWS, Esq., Toronto,  
*Director C. P. Ry. and Dominion Bank.*

J. H. PLUMMER, Esq., Toronto,  
*Assistant General Manager Canada Bank of Commerce.*

HUGH RYAN, Esq., Toronto,  
*Director Imperial Bank of Canada.*

JOHN STUART, Esq., Hamilton,  
*President Bank of Hamilton.*

J. TURNBULL, Esq., Hamilton,  
*Cashier Bank of Hamilton.*

The Corporation is accepted by the High Court of Justice as a TRUSTS COMPANY, under the approval of the Ontario Government, and is authorized to act as **Executor, Administrator** in case of **INTESTACY**, or with **WILL ANNEXED**. **Trustee** UNDER DEED, **WILL**, **COURT** APPOINTMENT OR **SUBSTITUTION**. **Receiver, Committee of Lunatics**, and **CUSTODIAN** OF THE ESTATES AND PROPERTIES OF **LUNATICS**. **Guardian of Children**, also as **Agent for Executors, Trustees** and others, thus relieving them from onerous, and oftentimes disagreeable duties.

The Corporation also acts as **Agent** in financial business of all kinds—Collecting of Rents, Income, etc., Issue and Countersigning Bonds, Debentures, etc.

Our Deposit Vaults are absolutely secure and every convenience provided for the storing of valuables of all kinds at small expense. Wills appointing the Corporation as Executor are received for Safe Custody, free of charge.

The employment of the Corporation will be found prompt and economical. Solicitors placing business with it, are continued in the legal work thereof.

**A. E. PLUMMER, MANAGER.**

extreme obesity following amenorrhœa. The patient had become exhausted by prolonged lactation. She gained fifty pounds in a year, and was so fat that she could scarcely walk. She suffered badly from vertigo, flushings and epistaxis. The cervix was scarified; all the symptoms, especially the bleeding from the nose, disappeared, and the patient diminished in weight. Kirsch, it was pointed out, has already practised abstraction of blood in the treatment of excessive corpulence.—*British Medical Journal.*

---

### Personals.

---

Dr. L. L. Palmer has been made a life-member of the Ophthalmological Society of the United Kingdom of Great Britain and Ireland.

Prof. Dr. Adam Politzer, the distinguished aural surgeon, of Vienna, Austria, visited Dr. L. L. Palmer last week. The doctor gave a very interesting evening to a number of medical men invited to meet this renowned surgeon, who gave a demonstration exhibiting sections and preparations showing the conditions existing in certain forms of deafness.

Dr. G. R. MacDonagh, Lecturer in Rhinology and Laryngology at Toronto University, has returned to the city from his trip *via* C.P.R. to Japan and China.

Dr. R. C. Griffith, who has been taking a post-graduate course in England for the past eighteen months, has commenced practice at 12 MacDonald Avenue, Parkdale, having entered into a partnership with Dr. T. A. Ferguson.

Dr. J. Orlando Orr and Mrs. Orr sail per the steamer *Sardinian*, for England, on the 23rd inst., for a prolonged stay in the Old Country. The Doctor purposes taking up a year's study in London on diseases of the throat and chest, under Dr. Brown; thence he goes to Vienna and Berlin to complete his course. Dr. Orr has been a prominent practitioner in the city for nine years, he having moved from Woodbridge shortly after graduating from Toronto and Victoria Universities. He has been prominent not only in medical circles, but also in municipal matters, as for three years he has held a seat in the City Council, this year heading the poll in his division. He will be greatly

[OVER.]

---

## A MOST VALUABLE TONIC IN CONVALESCENCE

# WYETH'S BEEF, WINE AND IRON.

---

A QUARTER of a century has almost elapsed since Messrs. Wyeth & Bro. first introduced to the attention of the medical profession, the preparation known as Beef, Wine and Iron, and although claiming no proprietorship in the name, its excellent therapeutic properties have commanded an increasing sale from year to year. The remarkable success achieved is due to the fact that, when properly prepared, it combines in a high degree, the properties of a Nutrient, Stimulant and Tonic. To render it efficacious, the Beef Essence entering into its composition must be prepared with intelligence and care. Discretion is requisite in selecting the Sherry Wine, and the two must be combined with the Iron in such a manner that the latter will be held in solution, all of which can be successfully accomplished only by means of an extensive plant such as that which they possess.

Beef, Wine and Iron, as they prepare it, is substantially a universal tonic, and will be found available in nearly all debilitated conditions. Pure Sherry Wine and Fresh Beef being used, it is entirely free from the disagreeable taste and odour characteristic of those products made from the extract of beef.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Wine and Iron, properly prepared, has proven more uniformly beneficial than any combination we have ever known.

---

## CAUTION.

---

WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some "not over scrupulous" Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine, in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

**DAVIS & LAWRENCE CO., LTD.** MONTREAL, CANADA  
SOLE AGENTS.



missed among his friends, and even by his enemies, as he is a strong fighter against all iniquities, and will carry all good wishes across the water with him. On his return to the city he will take up the practice of his specialty.

---

### Miscellaneous.

---

Where you are in doubt as to the diagnosis, examine the urine ; and where you think you know, examine the urine.—*Ex.*

A married lady with her little daughter, in visiting a friend, was telling her of how she spent her bridal trip in Europe, when her little daughter spoke up, and asked : " Did I go with you, mamma ? " " No, my daughter ; you went with your father, but came back with me. "—*American Medical Journal.*

Non-elimination of effete materials from the circulation is the foundation of many departures from health, and forms the basis of most diseases. Rheumatism and gout are familiar examples, while

anæmia in its protean forms is becoming more and more recognized as having the same *fons et origo mali*. Rapid oxygenation is the true remedy, and pil: hæmatinic : (Howard's) is the most valuable agent for this purpose.

It is not poverty of diet so much as monotony of diet that exercises an unhealthy influence on the poor. As a matter of fact they eat "stronger" food than the rich, more bread, meat and simple vegetables, but their cooking is rude, and they eat the same things the whole year through. People who are well to do, or who are better cooks, get more variety with fewer things, and always have something to tempt the appetite. Soup can be made to resemble greasy dishwater, or it can be made a really savoury and nutritious thing, and there are a hundred different ways of serving potatoes. Free cooking schools would be a first-class thing in the tenement districts of large cities.—*Ex.*

Some two years ago an Austrian physician advanced the theory that persons who have been stung by bees enjoy an immunity from the effects

[OVER.]

---

When you prescribe an Emulsion of Cod Liver Oil you should prescribe the best.

## SEVEN REASONS WHY SLOCUM'S OXYGENIZED EMULSION

Meets all the requirements of a perfect Emulsion.

- 1st. Because of the absolute purity of the ingredients used.
- 2nd. Because it is carefully and accurately prepared.
- 3rd. Because it is perfectly free from disagreeable taste and odour.
- 4th. Because of its fitness for immediate absorption.
- 5th. Because it retains permanently all its qualities.
- 6th. Because it contains no Hypophosphites of Lime and Soda.
- 7th. Because the price is as low as is consistent with merit.

---

IT IS THE ONLY ABSOLUTELY PURE EMULSION MANUFACTURED.

## T. A. SLOCUM & CO.,

186 ADELAIDE ST. WEST,

Sample of Slocum's Oxygenized Emulsion delivered free to any  
Physician in Canada with our Fever Temperature Charts.

**TORONTO, ONT.**

of bee-stings for varying periods, and that more-over a variety of the bee-sting is an infallible remedy for acute rheumatism. The latter part of the theory has received confirmation from a custom of the country people in Malta. Bees are plentiful in the island, and bee-stings are in such repute as a cure for rheumatism, that resort to this primitive method of inoculation has been a common practice in severe cases for generations, the results, it is said, having been most satisfactory to the patients.—*London Letter in American Practitioner and News.*

Senator Leland Stanford, whose death was recently announced, was something more than a mere money gatherer; he knew how to appropriate the millions he accumulated in legitimate business enterprise for the highest benefit of the world. Four millions of his fortune of forty million dollars went to the founding of a university in California as a memorial to his son, the purpose of which Mr. Stanford describes "as a school more especially directed to the investigation and teaching of how to control the forces of nature—how to make the

elements the servants of men—from the kindergarten pupil to the post-graduate, who may have a desire for deeper investigation."

The university which Senator Stanford founded at Palo Alto ought, within a reasonable time, to be among the leading American institutions. Its site, amid the fertile, rolling hills of Santa Clara County, comprises 8,400 acres. Its endowment of land is about 85,000 acres, in three tracts.—*N. Y. Medical Times.*

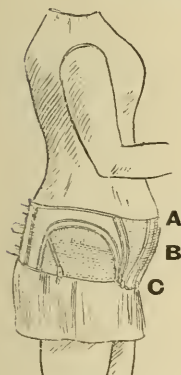
A binaural stethoscope has been patented by F. Walters & Co., of London, Eng., which has a kidney-shaped soft rubber cup to cover each ear instead of the hard ivory plug that fits into the meatus.—*Ex.*

Hot milk is a most nutritious beverage—a real luxury the value of which but few people know. Many who have abundance of milk never think of using it as a drink. A drink, did we say? That's a mistake. We should eat milk instead of drinking it. That is, take it in small sips. Why? Because the casein of the milk, when it comes in contact

OVER.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

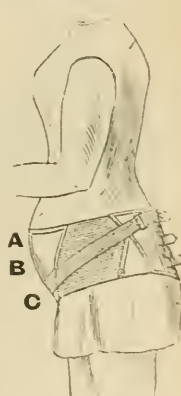


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. Once used, would not be without it for many times its cost.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. L. PICKERING,

BOX 149,

BRANTFORD,

ONTARIO.

with the acid of the gastric fluid, coagulates and forms curd, and, if swallowed in large quantities at once, a large curd is formed which the stomach handles with difficulty. The gastric fluid can mingle much more readily with the small curds that result from sipping the milk.—*The Dietetic Gazette*.

Liebig says: "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly considered and kept in view as the ultimate and most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this

class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the fæces after taking *Morse's Diastase*.

[OVER.]

## PIZZALA'S ELIXIR OF PEPTONATE OF IRON

Elixir Ferri Peptonati [Pizzala].

**DOSE.**—A teaspoonful three times daily for children.

A dessert to a tablespoonful, for adults, three times a day, EITHER BEFORE OR AFTER MEALS.

### ADVANTAGES OVER ALL OTHER IRON PREPARATIONS:

- |  |   |
|--|---|
| (1) It does <i>not</i> produce digestive disturbances of any kind, but aids digestion and stimulates the appetite. | (2) It does not constipate.             |
|  | (3) It does not injure the teeth.       |
|  | (4) It is quite agreeable to the taste. |

**INDICATIONS.**—Anæmia, Chlorosis, Nervous Diseases, Diseases of the Digestive tract, Albuminuria, BRIGHT'S DISEASE, DIABETES Mellitus, Cystitis, General Debility and Exhaustion, etc., etc.

The Elixir of Peptonate of Iron "Pizzala" is a *chemical* compound and *not* a mechanical mixture. It is the ONLY IRON MEDICINE WHICH IS READILY ABSORBED AND ASSIMILATED. Hundreds of testimonials of eminent physicians testify as to its great therapeutical value. Prof. Erb, of Heidelberg University, says: "You must be satisfied when I tell you that I make use of Pizzala's Elixir of Peptonate of Iron with my patients *exceedingly* often, and that I *recommend* it occasionally in my *clinical lectures*."

As many worthless imitations of this widely spread and highly recommended medicine have been attempted, Doctor, please prescribe it in the *original bottles*, containing half a pint, and bearing the firm name of the sole agents,

## ROTHSCHILD BROS. & CO.,

428, 430, and 432 Broadway, New York.





Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

MEAT-EATING AND BAD TEMPER.—Mrs. Ernest Hart, who accompanied her husband in his recent trip around the world, appears to come to the conclusion that meat-eating is bad for the temper. In the Hospital she says that in no country is home rendered so unhappy and life made so miserable by the ill-temper of those who are obliged to live together as in England. If we compare domestic life and manners in England with those of other countries where meat does not form such an integral article of diet, a notable improvement will be remarked. In less meat-eating France,

urbanity is the rule of the home; in fish and rice-eating Japan, harsh words are unknown, and an exquisite politeness to one another prevails even among the children who play together in the streets. In Japan I never heard rude, angry words spoken by any but Englishmen. I am strongly of opinion that the ill-temper of the English is caused in a great measure by a too abundant meat dietary combined with a sedentary life. The half-oxidized products of albumen circulating in the blood produce both mental and moral disturbances. The healthful thing to do is to lead an active and unselfish life, on a moderate diet, sufficient to maintain strength and not increase weight.—*Boston Med. and Sur. Jour.*

THE JOHNS HOPKINS MEDICAL SCHOOL.—The professorial chairs have been filled as follows: Pathology, Wm. H. Welch, Dean; Chemistry, Ira Remsen; Principles and Practice of Medicine, Wm. Osler; Psychiatry, Henry M. Hurd; Surgery, Wm. S. Halsted; Gynæcology and Obstetrics, Howard A. Kelly; Anatomy, Franklin P. Mall, late of the University of Chicago; Pharmacology,

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. SCOTT'S EMULSION remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil: 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by SCOTT & BOWNE, Chemists,

132 South Fifth Avenue, New York.

John J. Abel, late of the University of Michigan ; Physiology, Wm. H. Howell. The school is open alike to both sexes.—*Maryland Medical Journal*.

DOCTORS, PREACHERS AND RELIGION.—It is not an uncommon thing to hear statements to the effect that the medical profession, as a whole, is un-Christian. Such an assertion is worthy of a serious reply, and that reply is of necessity in the nature of a refutation. The practice of medicine tends to develop in all men of any intellectuality whatever, a realizing sense of the limitations of human power and skill, the fallibility of human judgment and the mutability of all things finite. Over and above these facts the sincere searcher for truth recognizes the supreme power of God.

Growing out of this knowledge there is, in most men of experience, developed a reverent spirit which acknowledges with sincerity the ever-present guidance and control of the Divinity.

Such belief, however, does not necessarily impose upon the man any agreement with or submission to non-essential statements of belief that are compiled largely by men whose education, life and

experiences are wholly different from his own. And so, of course, many physicians frankly disown or disavow the lines of belief laid down for them by mere preachers, being fully persuaded that conscientious adherence to the great truths that constitute the essential element of Christianity renders unnecessary the non-essential and often utterly unwarranted addenda which the preachers have pinned on to our great system of belief. The physician is often painfully aware that the constituted church authorities are both incapable intellectually, and unfit morally to formulate rules for the guidance of other lives.

Much of the lack of confidence which physicians have in preachers, comes from the fact that preachers are, as a rule, not educated in the simplest matters concerning the physical being of man and of the whole natural world. Hence they are continually making the most absurd and irrational arguments, based perhaps on the "science" that is found in newspapers, and which too often constitutes the sole basis of their scientific education. Hence, too, they are continually becoming the victims of the most shameful and ignorant charla-

[OVER.

---

The following is from one of the oldest and most successful Druggists in Toronto, HUGH MILLER, Esq., Justice of the Peace, who is well and favourably known throughout Ontario.

TORONTO, NOVEMBER 24, 1884.

CHARLES CLUTHE, Esq.

DEAR SIR,—After an experience of over forty years, during which time we have dealt in all the principal improved makes of trusses, we have much pleasure in testifying that we find your patent SPIRAL SPRING TRUSS to be far in advance of all other kinds. Our experience has also taught us that the importance of having the truss properly applied, in the first instance, is so necessary that we shall in future advise our customers to apply to you personally when requiring an appliance of this kind, so that their case may have your personal attention and advice; and for that reason we will discontinue keeping trusses on hand, notwithstanding the loss we will occasion ourselves thereby, for our confidence in your appliance is so great, that we feel we will be acting to the advantage of the public in so doing.

Yours truly,

HUGH MILLER & CO.

---

CHARLES CLUTHE,

134 KING ST. WEST,

TORONTO, ONTARIO.

Send for Price List of Surgical Instruments, Dressings, Etc.

tans, who have found by experience that nothing is too irrational to obtain the sanction of the pulpit. Quacks of all descriptions, impostors of the vilest sort, so called "patent" medicines of least possible value, robbers of the poor, slayers of the innocent, all and every one of them thrive and grow fat because of fulsome pulpit eulogies and more fulsome written testimonials from preachers. Is it any wonder that honest men, whose wide and often sad experience has given them opportunity to know and appreciate the foul character of many of these illegitimate money-makers and their money-making schemes, should turn in disgust from association with those mistaken disciples, who by voice and pen have done what they could to make fraud successful, and should determine in the future to serve the Master without the intermediary of what they believe to be a falsehood-sullied pulpit?—*Denver Med. Times.*

ELECTRICITY IN WAYBACK.—"Well, I've heard of red currants, black currants, and white currants, but I'll stop chewin' if I ever heard of *alternating* currants.—*Ex.*

SWALLOWING A WATCH.—The freaks of lunatics are sometimes extraordinary, and one of the most remarkable which has been placed on record recently is that which Dr. Vallow has published in the current issue of a French contemporary. A man, aged thirty-seven, was confined in an asylum suffering from hallucinations, and one day, his wife having come to visit him, he was permitted to see her. When the allotted time of the interview had come to an end, his wife intimated that she would have to take her departure, whereupon the patient, judging that she wanted to leave him before the time had expired, flew into a violent passion and accused her of deceiving him. To prove however, the truth of her statements, she drew out her watch and showed him the time. As soon as the patient saw the watch, he suddenly seized it in his hand, tore the chain from it, and putting it in his mouth, swallowed it. The medical officer of the asylum was summoned at once, but the patient in no way appeared to have suffered from his curious freak. On examination of the stomach nothing could be felt, and it was at first believed that, after all, the watch might not have been swal-

[OVER.]



## Surgical Instruments, Dressings and Supplies.

PRINCIPAL AGENTS IN CANADA FOR THE

J. Elwood Lee Co., and Seabury and Johnson's

## DRESSINGS, ETC.

MANUFACTURER OF . . . . .

Trusses and  
Orthopædic  
Instruments.

## CHARLES CLUTHE,

Surgical Instrument Maker,

134 King Street West,  
TORONTO, CANADA.



lowed. However, on the sixteenth day the watch arrived *per naturalem viam*. It was a silver watch measuring about two inches and a half in diameter, exclusive of the ring, and about half an inch in thickness.—*Ex.*

[It would be interesting to know the hour at which the watch was swallowed and compare that with the hour to which the hands pointed when it was recovered.—*ED.*]

**A Successful Remedy in Treating Obesity.**—For several years I have been on the lookout for some preparation which would reduce flesh without injuring the general health, but I have never succeeded in finding one. Several weeks ago, however, I received a pamphlet, on the action of phytoline (the active principle of the berries of *phytolacca decandra*) in obesity, and about that time the patient applied to me for a reduction in her weight. I prescribed phytoline, and directed her to take ten drops before and after the three meals. She has now taken about two weeks' treatment, and tells me to-day that she has lost fifteen pounds, and that, too, without making any

change in her diet, or affecting her general health. I am pleased with the results, and can conscientiously recommend it.—*SANDFORD, M.D., Everett, Mass., Medical Brief.*

**The Lady with the Horse Mane.**—Under this name a young girl, aged twenty, is now travelling about the world, showing to the public how richly Nature has endowed her with the ornament of hair. She has, besides a rich *chevelure*, a mane growing out of the spine. The hair of this mane is of the same dark brown colour as that of the head, and reaches a length of about ten inches. The place where the hair grows extends downwards for eight inches from a point three inches below the head, in the middle of the spine. Not long ago this lady with the mane was presented to the Anthropological Society of Berlin, and Virchow, to her great astonishment, found that it was a pathological case, for behind the mane there was a *spina bifida occulta*. Several cases have been described during the last two years of *hypertrichosis* of some region of the spine, connected with *spina bifida occulta*.—*Ex.*

[OVER.]

## The LYMAN BROS. & CO. (Ltd).

### CHLOROFORM

PURE. Lyman's S. G. 149.

AND

### ETHER SULPHURIC

PURE. Lyman's S. G. 725.

#### FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late Dr. J. H. McCollum says of our CHLOROFORM: "that during the nearly fifty years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by **The LYMAN BROS. & CO., Ltd.**, was administered to about one thousand annually, and in no case had we fatality from it. I have also used it for thirteen years in private practice."

Dr. T. G. Johnston, *Sarnia*, says: "For the last six or seven years I have used no other Chloroform than that manufactured by **The LYMAN BROS. & CO., Ltd.**, both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

#### WE CLAIM THE FOLLOWING ADVANTAGES—

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

Dr. C. O'Reilly, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by **The LYMAN BROS. & CO., Ltd.**, has been extensively used for anæsthetic purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

Dr. James F. W. Ross says: "I have overcome my former prejudice against Ether, but **The LYMAN BROS. & CO., Ltd.**, are now supplying an article put up in  $\frac{1}{4}$  and  $\frac{1}{2}$  lb. tin equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

#### WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

(When ordering, specify LYMAN BROS.)

## The LYMAN BROS. & CO. (Ltd.) = TORONTO.

# WYETH'S RED GUM LOZENGES.

ASTRINGENT, STYPTIC and ANTISEPTIC.

It has been a matter of surprise to us that the use of Red Gum has been so limited among physicians of the United States and Canada ; in Great Britain and on the continent it is largely prescribed with most flattering results, while in Australia it is used to the exclusion of almost every other vegetable astringent.

Red Gum is the resinous exudation from the bark of the Eucalyptus Rostrata found in Western Australia. In the form of a Lozenge, it is admirably adapted and effective as a remedy in all cases of relaxed Uvula, inflamed Mucous Membranes and Bronchial Tubes, ulcerated Sore Mouth and Gums, and its local action as an astringent, styptic and antiseptic, is most marked ; its peculiar styptic effect upon all mucous surfaces, particularly the fauces, deadens the sensibilities, thus sheathing and producing a soothing, calmative effect, lessening the tendency to cough and relieving the soreness. We know of no Lozenge or combination that Messrs. Wyeth have heretofore placed before the profession that has so many elements of merit, or is so effective in its action.

DOSE.—A Lozenge to be allowed to dissolve slowly in the mouth every two or three hours, or two or three may be taken in succession if the cough is severe and irritating.

**Put up in Boxes Containing 50 each.**

**DAVIS & LAWRENCE CO. LIMITED, MONTREAL.**

SOLE AGENTS FOR CANADA.

## FELLOWS' HYPO-PHOS-PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

### To the Medical Profession of Canada . . . .

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are found upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

#### PECULIAR MERITS.

FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.

SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.

THIRD.—Its agreeable flavour and convenient form as a Syrup.

FOURTH.—Its harmlessness under prolonged use.

FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

#### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnea is so salutary that they sleep for hours after the first few doses.

**Prepared by JAS. I. FELLOWS, CHEMIST.**

Offices and Laboratories: St. Antoine St., Montreal; 48 Vesey St., New York, U.S.A.; 8 Snow Hill, London.

# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year===Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**CLARENCE C. RICE, M.D., SECRETARY,**  
**F. E. FARRELL, SUPERINTENDENT.** 226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.



# McGILL UNIVERSITY, MONTREAL.

## Faculty of Medicine. Sixty-first Session, 1893-94.

### FACULTY.

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Emeritus Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

### EMERITUS PROFESSORS.

W. WRIGHT, M.D.; L. R. C. S. DUNCAN; C. McCALLUM, M.D., M.R.C.S.E.; G. E. FENWICK, M.D.

### PROFESSORS.

ROBT. CRAIK, M.D., Prof. of Hygiene and Public Health.  
G. P. GIRDWOOD, M.D., M.R.C.S. Eng., Prof. of Chemistry.  
THOS. G. RODDICK, M.D., Prof. of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M.D., Prof. of Gynaecology.  
F. J. SHEPHERD, M.D., M.R.C.S. Eng., Prof. of Anatomy and Librarian of the Faculty.  
F. BULLER, M.D., M.R.C.S. Eng., Prof. of Ophthalmology and Otology.  
JAMES STEWART, M.D., Prof. of Medicine and Clinical Medicine.

GEO. WILKINS, M.D., M.R.C.S., Prof. of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B.Sc., Prof. of Botany.  
T. WESLEY MILLS, M.A., M.D., L.R.C.P. London, Prof. of Physiology.  
JAS. C. CAMERON, M.D., M.R.C.P.I., Prof. of Midwifery and Diseases of Infancy.  
R. F. RUTTAN, B.A., M.D., Assistant Prof. of Chemistry, and Registrar of the Faculty.  
JAS. BELL, M.D., Assistant Prof. of Surgery and Clinical Surgery.  
J. G. ADAMI, M.A., M.D., Cantab. Prof. of Pathology.  
G. W. MAJOR, B.A., M.D., Prof. of Laryngology.

### LECTURERS.

T. JOHNSON ALLOWAY, M.D., Lecturer in Gynaecology.  
F. G. FINLEY, M.B. (Lond), M.D. (McGill), Lecturer in Medicine and Clinical Medicine.  
H. S. BIRKETT, M.D., Lecturer in Laryngology and Senior Demonstrator of Anatomy.

HENRY A. LAFLEUR, B.A., M.D., Lecturer in Medicine and Clinical Medical.  
GEO. ARMSTRONG, M.D., Lecturer in Surgery and Clinical Surgery.  
T. J. W. BURGESS, M.D., Lecturer on Mental Diseases.

### DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

WM. R. SUTHERLAND, M.D., Demonstrator in Surgery.  
WYATT JOHNSTON, M.D., Demonstrator in Bacteriology.  
JOHN. M. ELDER, B.A., M.D., Assistant Demonstrator in Anatomy.  
J. G. MCCARTHY, B.A., M.D., Assistant Demonstrator in Anatomy.

D. J. EVANS, M.D., Assistant Demonstrator in Obstetrics.  
N. D. GUNN, M.D., Assistant Demonstrator in Histology.  
W. S. MORROW, M.D., Assistant Demonstrator in Physiology.  
R. C. KIRKPATRICK, B.A., M.D., Assistant Demonstrator in Surgery.  
C. F. MARTIN, B.A., M.D., Assistant Demonstrator in Bacteriology.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July, to be taken after the third Winter Session.

The Sixty-first Session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating seventy-six students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students, 48 x 40 feet. The first flat contains the research laboratory, culture rooms and the professor's private laboratory, the ground floor being used for the curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened—in September, 1893—and students will have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be twenty-one years of age, having studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to

**R. F. RUTTAN, M.D., REGISTRAR,**  
Medical Faculty, McGill College.

# UNIVERSITY OF THE CITY OF NEW YORK.

## MEDICAL DEPARTMENT.

FIFTY-THIRD YEAR, 1893-94.

## SPECIAL ANNOUNCEMENT.

The Session of 1893-94 will begin Wednesday, October 4th, 1893.

Attention is called to the fact that the curriculum has recently been entirely remodelled and greatly improved. It now consists of a three years' graded course, divided as follows:—

- 1st Year.**—Lectures and recitations from text-books on Anatomy, Physiology and Chemistry. Dissection and Laboratory work in Histology, Materia Medica and Chemistry.
- 2nd Year.**—Lectures on Surgical and Regional Anatomy, Experimental Physiology, Experimental Chemistry, Physics and Hygiene, and Materia Medica. Recitations from text-books on Pathological Anatomy, Practice of Medicine, Surgery, Materia Medica, Obstetrics and Demonstrations on the Manikin. Laboratory work in Pathology; Clinics in Bellevue Hospital and the College Building, on Medicine, Surgery and Gynæcology.
- 3rd Year.**—Lectures on Practice of Medicine, Surgery, Obstetrics, Gynæcology, Therapeutics and Pathology, with Autopsies. Bedside teaching in small classes in the Wards of Bellevue Hospital on Medicine, Surgery and Gynæcology. Clinics in Bellevue Hospital and the College Building, on Medicine, Surgery and Gynæcology.

### Special Clinics.

OPHTHALMOLOGY.  
OTOLOGY.

LARYNGOLOGY.  
ORTHOPÆDY.

PEDIATRICS.  
SKIN DISEASES.

VENEREAL DISEASES.  
NERVOUS DISEASES.

Examinations are held at the close of each year.

The marks received for proficiency in practical work in the Laboratory, Dissecting Room, etc., are added to the final examination marks in each corresponding subject.

## Faculty of Medicine.

REV. H. M. MacCRACKEN, D.D.,      *Chancellor.*  
CHAS. INSLEE PARDEE, M.D.,      *Dean.*

### PROFESSORS.

ALFRED L. LOOMIS, M.D.	R. A. WITTHAUS, M.D.	STEPHEN SMITH, M.D.	C. S. BULL, M.D.
W. H. THOMSON, M.D.	WM. G. THOMPSON, M.D.	A. E. MACDONALD, M.D.	H. G. PIFFARD, M.D.
WM. M. POLK, M.D.	GEO. WOOLSEY, M.D.	J. C. EDGAR, M.D.	J. E. WINTERS, M.D.
L. A. STIMSON, M.D.	H. P. LOOMIS, M.D.	E. D. FISHER, M.D.	

### CLINICAL PROFESSORS.

P. A. MORROW, M.D.	A. M. PHELPS, M.D.
W. C. JARVIS, M.D.	E. LEFEVRE, M.D.

### ADJUNCT PROFESSORS.

C. E. QUIMBY, M.D.	JOHN B. KNAPP, M.D.
F. W. GWYER, M.D.	JUSTIN L. BARNES, M.D.

### ASSISTANT PROFESSOR.

IVIN SICKELS, M.D.

The College possesses a corps of 64 Professors and Instructors in its various departments; and in addition to well-equipped Laboratories and a Dispensary where 20,000 visits are annually paid, it offers to students exceptional facilities for practical instruction at the bedside in Bellevue Hospital.

### FEES.

For course of Lectures	\$150 00
Matriculation	5 00
Demonstrator's Fee, including material for dissection	10 00
Final Examination Fee	30 00

For further particulars and circulars, address the Dean,

**Prof. CHAS. INSLEE PARDEE, M.D.,**

**University Medical College, 410 East 26th St., New York City.**

## CONDENSED ADVERTISEMENTS.

# Medical Men's "Exchange" and "Want" Column.

CONDENSED ADVERTISEMENTS are inserted in this Column at ONE CENT PER WORD for the convenience of Medical Men.

### EXCHANGE.

Uric Acid (Haig, '92); Hip Disease (Gibney, '84); Annual of Universal Medical Sciences (Sajons, '89); For Surgery—Greig Smith's, Wyeth's, or Mansell Maullin's; Mental and Nervous Diseases, or *any* modern works.  
BOX F, BADEN.

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty.

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## CHICAGO POLICLINIC & HOSPITAL,

174-176 E. Chicago Ave.

The fifth SPECIAL COURSE for practitioners in this institution will commence Wednesday, May 3rd, 1893, and continue two weeks.

This course will consist of Clinical Lectures and Demonstrations from 8.30 a.m. to 10 p.m.

In addition to the regular daily Clinics, the following special features will be presented by the Faculty:

Prof. N. SENN—Surgery of Hip Joint—Tuberculosis of Bones and Joints.

Prof. CHRISTIAN FENGER—Surgery of the Kidneys, Ureters, Brain and Spine.

Prof. J. B. HAMILTON—Hernia.

Prof. WM. T. BELFIELD—Genito-Urinary Diseases.

Prof. MOREAU R. BROWN—Nasal Surgery.

Prof. E. FLETCHER INGALLS—Naso-Pharyngeal Surgery.

Prof. A. E. HOADLEY—Orthopedics.

Prof. FERNAND HENROTIN—Uterine Surgery.

Prof. J. ELLIOT COLBURN—Ocular Therapeutics.

Prof. GEO. F. FISKE—Mastoid Operations.

Prof. MALCOLM L. HARRIS—Operative Surgery on the Cadaver.

Prof. JAMES H. ETHERIDGE—Uterine Tumours.

Prof. ARCHIBALD CHURCH—Neuritis.

Prof. GUSTAV FUTTERER—Cholera: Demonstration of the bacilli.

Prof. F. C. HOTZ—Eye Diseases of Children.

Prof. HENRY BANGA—Puerperal Diseases.

Prof. JOSEPH M. PATTON—Diseases of the Heart and Kidneys—Pneumonia.

Profs. R. D. MACARTHUR & HENRY G. ANTHONY—Skin Diseases.

Prof. PLYM S. HAYES—Electro-Therapeutics.

Prof. W. S. CHRISTOPHER—The Exanthemata.

Prof. JAMES H. McBRIDE—Insanity.

Prof. HENRY M. LYMAN—Nervous Disorders of Digestion.

The new buildings and hospital, now completed, afford unequalled facilities.

For Announcement containing full information, apply to the Corresponding Secretary.

MOREAU R. BROWN, M.D., 174-176 Chicago Avenue, Chicago, Ill.

NOTE.—The Regular Clinical Course continues throughout the year.



**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



*Apply at*

**60 COLLEGE STREET,**

**TORONTO.**

**NOTICE TO THE MEDICAL PROFESSION**

**OF MANITOBA AND BRITISH COLUMBIA.**



Our Mr. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring **Trusses or Surgical Appliances** for diseases of the **Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc.**, or an **Artificial Limb** for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

**AUTHORS & COX,**

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses  
and Surgical Appliances.

**DR. TEMPLE'S****PRIVATE HOSPITAL,**

**BELLEVUE HOUSE,**

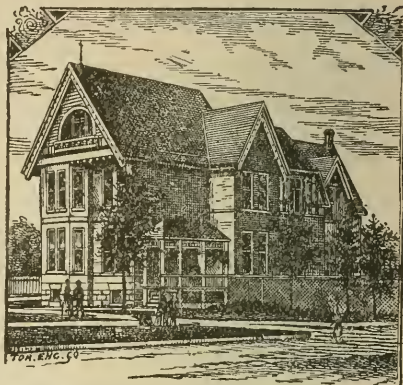
**87 BELLEVUE  
AVENUE**

**TORONTO.**

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new

**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

203 Simcoe Street, - - Toronto.

**GRAVE'S SPECULUM** **\$1.50**  
**NET**

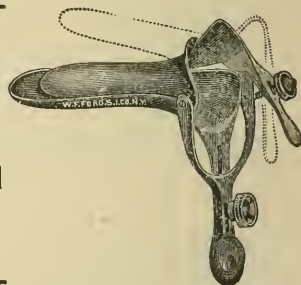
**W. F. FORD**

**Superior**

**Surgical and**

**Orthopaedical**

**Instruments**



**SURGICAL INSTRUMENT CO.,**  
**315 FIFTH AVE., NEW YORK.**

Send for New Illustrated Catalogue.

**THE NATIONAL MEDICAL EXCHANGE.**—Physicians', Dentists', and Druggists' Locations and Property bought, sold, rented, and exchanged. Partnerships arranged. Assistants and substitutes provided. Business strictly confidential. Medical, pharmaceutical and scientific books supplied at lowest rates. Send ten cents for MONTHLY BULLETIN containing terms, locations, and list of books. All inquiries promptly answered.

Address, H. A. MUMAW, M.D., Elkhart, Ind.

# NEW YORK POLYCLINIC AND HOSPITAL.

Session 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

### SURGERY—

John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhner, M.D.

### MEDICINE—

R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine-  
man, M.D.; J. Adler, M.D.

### GYNÆCOLOGY—

W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.;  
H. Marion Sims, M.D.; Florian Krug, M.D.

### EYE—

David Webster, M.D.; Emil Gruening, M.D.; Thomas R.  
Pooley, M.D.

### EAR—

Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.

### THROAT AND NOSE—

D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris  
J. Asch, M.D.

### DISEASES OF CHILDREN—

L. Emmett Holt, M.D.; August Seibert, M.D.

### DISEASES OF THE SKIN—

A. R. Robinson, M.D.; Edward B. Bronson, M.D.

### NERVOUS DISEASES—

Landon Carter Gray, M.D.; B. Sachs, M.D.

### OBSTETRICS—

Edward A. Ayers, M.D.

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., ASST. SEC.,**

**L. EMMETT HOLT, M.D., SEC.,**

214-218 East 34th Street, New York.

## CHEMICAL LABORATORY.

**Dr. A. R. Pyne,**

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.

Milk, quantitatively - - - - 2.00.

Water and Urine, quantitatively, each - 5.00.

*SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.*

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

**A. R. PYNE, M.B.**

*University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).*

**Rolph, Smith & Co.**

**49 WELLINGTON ST. WEST.**

**Lithographers, Engravers,**

**DIE SINKERS, Etc., Etc.**

*High Class Work, Promptitude and Moderate Prices.*

**ESTIMATES FURNISHED.**

**BATES & DODDS,**  
**Funeral Directors**

**931 QUEEN STREET WEST,**

**CORNER STRACHAN AVENUE,**

**TORONTO.**



**TELEPHONE No. 513.**



# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynaecology.

**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.

**C. W. COVERNTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. LEM. GRASETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Tor.** onto; Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

### LECTURERS, DEMONSTRATORS,

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M., Fell. Trin. Med. Coll.;** L.R.C.P., Lond.; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

Diseases of Children.

Acting Staff Toronto General Hospital.—18 Bloor Street.

**E. B. SHUTTLEWORTH,** Late Principal and Professor of Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherburne Street.

Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. ~~Arrangements~~ Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the *Hospital*, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

**CHARLES SHEARD, M.D., C.M., Fell. Trin. Med. Coll., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.

Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S., Edin.;** Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.

Professor of Ophthalmology and Otolaryngology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVIDSON, B.A., Univ. Tor., M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ. Eng.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### INSTRUCTORS AND ASSISTANTS.

**A. Y. SCOTT, B.A., Tor. Univ.;** M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A., Tor. Univ.;** M.D., C.M., L.R.C.P., Lond.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A., Tor. Univ.;** M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.**—176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.;** L.R.C.P., Lond.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng. Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.



**“H. V. C.”**

(Hayden's Viburnum Compound)

IS ACKNOWLEDGED TO BE THE STANDARD PRESCRIPTION IN THE

# AILMENTS OF WOMEN

AND IN

## OBSTETRIC PRACTICE

By the great majority of the Medical Profession of the United States, without regard to pathics.  
Superior to Ergot in all cases.

**“H. V. C.”**

Is employed in the following and most of the leading Hospitals with great satisfaction :

Enzworth Hospital, St. Joseph, Mo.  
Harper Hospital, Detroit, Mich.  
St. Mary's Hospital, Saginaw, Mich.  
Maternity Hospital, New York City.  
St. John's Hospital, Lowell, Mass.  
St. Francis Hospital, Jersey City, N.J.  
Columbia Hospital, Washington, D.C.  
Rhode Island Hospital, Providence, R.I.  
Woman's Hospital, 50th St., New York City.  
N. Y. Infirmary (Women and Children), 5 Livingstone Place,  
New York City.

North-Western Dispensary, 403 West 36th Street, New York  
City.  
City Hospital, Boston.  
Woman's Hospital, Boston.  
California Woman's Hospital, San Francisco, Cal.  
Pacific Dispensary, San Francisco, Cal.  
Children's Hospital, San Francisco, Ca .  
Kansas City Hospital, Kansas City, Mo.  
Alabama State Insane Hospital, Tuscaloosa.  
Presbyterian Hospital, Cincinnati, Ohio.

AND IN MOST REMEDIAL INSTITUTIONS.

The most distinguished Physicians in the United States prescribe and recommend

# HAYDEN'S VIBURNUM COMPOUND

Write only for **“H. V. C.”** Put up in 4 oz., 10 oz. and 16 oz. bottles, and dispensed  
by all first-class pharmacists.

Send your address for our large Hand-Book. FREE to Physicians only.

**THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.**

# Fit the Food to the Functions.

---

The most digestible of all foods is Mothers' Milk. The weakest digestive functions are those of the human infant.

Mothers' Milk, although the richest of all milks, is thin, watery and remains fluid in the stomach, the gastric juice curdling its albuminoid elements in very light, diffusible particles, which float freely in the milk, and all the other elements of the milk are soluble and absorbable without effort. Consequently we see that human milk demands but very little digestive power,—simply the solvent action of the stomach upon its albuminoids.

The study of the infant functions of digestion reveals how wondrously the natural food is adapted to the imperfectly developed powers. The infant's stomach is very weak, with little muscular power or tolerance of bulk and complete intolerance of solids. The infant requires a quickly soluble and absorbable food, rich and comprehensive in nutritious elements,—the baby must be fed little and often. Consequently, if a child is deprived of breast milk, we do not give it beefsteak or bread; but instinctively seek a food like mothers' milk. If cows' milk had been as digestible and soluble as mothers' milk, we should never have had the problem of infant feeding.

Both common experience and scientific investigation have made plain that cows' milk is unfit for the food of an infant, and we are all familiar with the many futile experiments which have been employed to help the baby digest cows' milk.

In a word, it may be said that all these expedients simply added to cows' milk substances foreign to all milk,—substances which imposed an unnatural task and strain and consequent injury upon the infant's digestive functions.

Fairchild suggested and devised a method with the Peptogenic Milk Powder by which cows' milk is rendered identical with human milk in its digestibility, in its chemical composition and physical properties, taste, color and density. "Humanised milk" prepared with the Peptogenic Powder is not unnaturally easy of digestion; it demands the same effort of the digestive functions as is required for mothers' milk. It meets all the requirements of nutrition, and for the development of teeth, bone, body and brain. Peptogenic Milk Powder is the only means of preparing a food which corresponds with mothers' milk in every particular. It is at once scientific, practical and successful as a substitute for mothers' milk during the entire nursing period. Send for sample and pamphlet.

FAIRCHILD BROS. & FOSTER,

NEW YORK CITY.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, OCTOBER, 1893.

[No. 3.

## *The Administration of Cod Liver Oil during the Summer Months.*

Patients suffering from chronic wasting disease, who should take COD LIVER OIL continuously, often complain that they are forced to discontinue its use during the summer months, as the natural repugnance to fats is intensified during the hot weather. In this preparation the oil is so completely masked that patients find no difficulty in continuing its use at all seasons. Referring to

### MALTINE WITH COD LIVER OIL

the *British Medical Journal* reports: "Patients who are unable to tolerate the purest and "most carefully prepared Cod Liver Oil *can readily digest and assimilate it in combination with Maltine.* The taste of the oil is almost entirely concealed, and what suspicion "there is of it is not at all unpleasant. We recommend this preparation on the ground of "the high quality of oil used, its perfect admixture, and the diastasic value of the Maltine."

SAMPLES FREE TO MEDICAL MEN (EXCEPT EXPRESSAGE).

MALTINE MANUF'G CO., 30 Wellington St. East, Toronto.

## Carnrick's Soluble Food.

Chemical Constituents almost Identical with Human Milk.

Formula for Carnrick's Food.—CARNRICK'S FOOD is composed of the solid constituents of cow's milk, of wheat (the starch being converted into soluble starch and dextrine), and sufficient milk sugar to make total percentage equal to that of human milk.

Put up in hermetically sealed cans, and (being sterilized) will keep indefinitely.

**REED & CARNRICK,** Manufacturing Chemists,  
30 WELLINGTON ST. E., TORONTO.



# FOR NURSING MOTHERS Wyeth's Liquid Malt Extract

Is particularly adapted, containing as it does all the Nutrient Properties of Malt, with the Least Possible Amount of Alcohol.

Fermented liquids prepared from malted grain have been in use from the earliest times, and have always been highly prized for their strengthening and nutritive properties. Hitherto, however, the large amount of alcohol in proportion to nutritious matter contained in the malt liquors of commerce has been a serious objection to their use, in many of the various forms of dyspeptic maladies, resulting from mal-nutrition, for which malt preparations are peculiarly adapted.

Recognizing this fact, Messrs. Wyeth have, after numerous experiments, succeeded in preparing a liquid malt extract possessing all the advantages of malt liquors, while it is not open to the objections so frequently and justly urged against their use.

It is especially adapted for administration to nursing mothers, to children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly to those unable to digest starchy food.

The diastase contained in our preparation of malt renders such food immediately soluble, by converting the starch into malt-sugar and dextrine, in which form they can be readily assimilated by the system, thus *creating* animal heat and aiding the formation of fat.

Probably its greatest value is as a beverage, during lactation, as it not only supplies strength to meet the unusual demands upon the system at that time, but improves the quality of the milk by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of secondary depressant effect, so frequently experienced from the administration of spirituous remedies, the ordinary dose of a wineglassful representing less than three grains of alcohol and over one hundred and twenty-five grains of nutritious extractive matter, rich in diastase, preserved by our peculiar process of preparation; while in the malt liquors it is rendered inert by the boiling to which they are subjected during manufacture.

We claim that WYETH'S LIQUID MALT EXTRACT will be found to contain all the nutritive virtues of the best malt liquors, in a higher degree than any of the largely sold liquid malts with which we have compared it, while it is free from the stimulating effect which invariably follows their administration.

Davis & Lawrence Co. (Ltd.), Montreal, General Agents.

## **RUBBER**

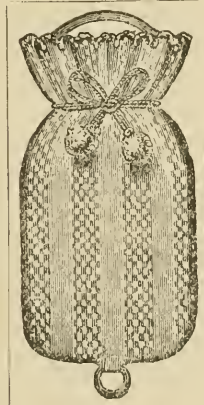
# HOT WATER BOTTLES

The  
Best  
Bottles



... AT ...

The  
Lowest  
Prices



Warranted  
Full  
Size



... AND ...

Very  
Best  
Made



WE HAVE THE LARGEST ASSORTMENT OF RUBBER GOODS IN CANADA

THE **TORONTO RUBBER CO., LTD.**

TELEPHONE 453

28 KING ST. WEST, TORONTO

# CONTENTS.

	PAGE		PAGE
EDITORIALS:—		How to Ascertain a Twin Pregnancy—Tapeworm—	
Correspondence re Medical Council .. .. .	77	Therapeutics of Damiana—Two Cases of Cocaine	
Interprovincial Reciprocity .. .. .	78	Susceptibility .. .. .	101
EDITORIAL NOTES .. .. .	79	The Therapeutic Value of Methyl Chloride—Paternal	
BRITISH COLUMBIA .. .. .	80	Transmissibility of Tuberculosis—Diagnosis of Kid-	
PRINCE EDWARD ISLAND		ney and Heart Diseases .. .. .	102
Public Health Department for Canada .. .. .	80	Creasote Carbonate (Cresotal)—Herpes Labialis ..	103
ORIGINAL COMMUNICATIONS:—		Cholera Infantum—Infection .. .. .	104
Acute General Peritonitis; Laparotomy; Recovery. By		Sweating Feet—Mechanical Treatment of Chronic	
Angus McKinnon, M.D., Guelph .. .. .	81	Rheumatism—Sciatica—Recovery from Pneumo-	
Cholera. By H. J. Saunders, M.D., Kingston .. ..	83	thorax .. .. .	105
MEETINGS OF MEDICAL SOCIETIES:—		The Early Diagnosis of Chronic Nephritis—Venous	
Canadian Medical Association .. .. .	86	Aneurysm .. .. .	106
London Medical Society .. .. .	90	Convulsions—The Treatment of Constipation and some	
CORRESPONDENCE:—		Affections of the Bowels with Large Enemas of Oil ..	107
Dr. Love's Opinion. By William Lovett, M.D., Ayr ..	92	SURGERY: Thiol—The Radical Cure of Hernia by Im-	
The Medical Council Elections. By A. F. Rogers, M.D.,		plantation of Bone .. .. .	107
Ottawa .. .. .	93	Cases Showing Power of Lysol as an Antiseptic ..	108
The Toronto Mail and the Medical Council. By Cl. T.		Tuberculosis of the Prostate—Drainage of Empyæma.	109
Campbell, President Medical Council, London ..	95	Occlusion of Steno's Duct by Salivary Calculi (Opera-	
Physicians and Contracts. By O. McCullough, Erin ..	97	tion and Cure)—Eczema in Infant .. .. .	110
BOOK NOTICES .. .. .	98	Burns .. .. .	111
PAMPHLETS RECEIVED .. .. .	99	Separation of the Lower Femoral Epiphysis .. ..	112
AN EPIHOME OF CURRENT MEDICAL LITERATURE:—		MIDWIFERY: The Treatment of Post-Partum Hemor-	
MEDICINE: A Means of Relief in Hay Fever .. ..	99	rhage .. .. .	112
Creasote in Consumption—A Case of Scarlet Fever,		Shoulder Presentation in Primipara with Case ..	113
with Infective Endocarditis (Fatal on the Thirteenth		PERSONALS .. .. .	114
Day) .. .. .	100	MISCELLANEOUS:—	
		Chronic Endometritis: Cured by Iatrol .. .. .	114
		Diastase of Hazen Morse .. .. .	115
		OBITUARIES .. .. .	116

☞ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

☞ Subscription \$2 per annum (outside of Ontario and British Columbia).

The most  
Convenient  
and . . .  
Economical  
Method .



of . . .  
Producing  
Local . .  
Anæsthesia.

ETHYL CHLORIDE BENGUE is an anæsthetic, which is at once rapid in action, convenient to use, always reliable, harmless and inexpensive.

Put up in tubes containing 37 to 40 cc. and terminating in a short tube with a capillary orifice upon which is a fixed copper screwthread. On the screw is a cap also of copper which, being lined with India rubber closes it so tightly that the Chloride is prevented from evaporating, and can be used in the exact quantity required by the case in hand. It is thus extremely economical as each bulb of ETHYL CHLORIDE BENGUE contains sufficient for 10 or 15 local anæsthesias. Supplied with Straight Stem or Curved Stem (as illustration).

The use of ETHYL CHLORIDE is without danger of any kind, and it can be applied equally to skin and mucous membrane.

☞ REMEMBER TO SPECIFY ETHYL CHLORIDE BENGUE. ☞

Pamphlet and full particulars on application to . . . .

**THOMAS LEEMING & CO.,**

25 St. Peter Street, - - - MONTREAL.

# All Women Talk

About their Doctors. If you relieve one, twenty know it. ASPAROLINE COMPOUND will relieve the women who suffer from functional Dysmenorrhœa and Leucorrhœa, and they'll talk about it. We'll send you enough ASPAROLINE COMPOUND free to make one woman talk. May we do so?

Each fluid ounce containing : Diluted Alcohol ; Guaiacum, 30 grains ; Asparagus Seed, 30 grains ; Parsley Seed, 30 grains ; Black Haw (Bark of Root), 60 grains ; Henbane Leaves, 6 grains.

SAMPLES CHEERFULLY FURNISHED PHYSICIANS UPON APPLICATION.

## HENRY K. WAMPOLE & CO.,

Pharmaceutical Chemists, ~ ~ ~ Philadelphia, Pa.

BRANCH: 36 and 38 LOMBARD STREET, TORONTO, ONTARIO.

### "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
IT will not blow out.  
IT gives a clear white light.  
IT looks like a locomotive head light.  
IT throws all the light straight ahead, from 200 to 300 feet.  
IT burns kerosene.

Send for book.

R. E. DIETZ CO.,  
69 Laight Street, N. Y.



ON account of Canadian purchasers having to pay duty, we will sell single lamps to them at the lowest wholesale price.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

## GEO. W. COOLEY, 567 Yonge St., Toronto,

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskeys for Invalids a Specialty.

COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.



# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only SURE, SAFE and SATISFACTORY anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomoea Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the *convolvulus scammonia* of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
 Hyd. Subchlor .....gr. ii.  
 Fiat pulv.  
 Sig. —. H. S. S. —.

The small quantity of **VERMIFUGIN** required to test the existence of worms, and to remove them from the system in a few hours, together with the certainty of its efficacy, makes it one of the most valuable remedies in use.

**VERMIFUGIN** can be obtained from any Wholesale Drug House in the Dominion, or direct from the Manufacturers,

**JOHN C. GRAY & Co.,**  
 MANUFACTURING APOTHECARIES,  
 TORONTO, CANADA.

N.B.—Physicians who keep a stock of medicines on hand may obtain **VERMIFUGIN** direct from the Manufacturers at same price that it is supplied to retail druggists, viz.: **\$1.00** per ounce bottle.

# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine. —CHARLES F. HEEBNER, Ph.G., Phm.B., *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**  
595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,  
BROCKVILLE, Ont.

# LE PAGE'S HYPOPHOSPHITES

## Syr. Comp. Improved.

ESTABLISHED 1885.

THIS Syrup contains the Hypophosphites of Iron, Quinine, Strychnia, Manganese, Lime and Potash, combined in an agreeable and palatable syrup, acceptable to the stomach, and comprises all the elements essential to the animal organization known to science. It will be found a very valuable remedy in the treatment of

Pulmonary Tuberculosis, Bronchial Affections, and all Affections of the Respiratory Organs, also in Debilitating and Nervous Diseases.

This preparation being prompt in its stimulating action, entering into the circulation, promotes digestion and assimilation and removes depression and melancholy, hence its great value in mental and nervous diseases.

In ordering, **Please Specify Le Page's.** Price: Small size, 50c.; Large Bottles, \$1.00. Also in 80 oz. Winchester for dispensing.

**OFFICE, 18 FRONT ST. WEST, TORONTO.**

MEMORANDUM FROM

PLAINFIELD.

J. B. PROBASCO, M. D.

NEW JERSEY.

Please accept my thanks for the very neat and pretty, as well as useful sample sent me Sept 18th.

I have used Antikamnia alone, and in combination for two years, and am pleased with the good results received in every case.

SEND YOUR ADDRESS TO THE ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO., FOR LIKE SAMPLE; AND TO SECURE LIKE RESULTS, SEE THAT GENUINE ANTIKAMNIA IS DISPENSED ON YOUR PRESCRIPTIONS. TABLET SAMPLES MAILED IN "VEST POCKET BOX."

Yours truly  
J. B. Probasco, M. D.

## CHEMICAL LABORATORY.

Dr. A. R. Pyne,

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.  
Milk, quantitatively - - - - 2.00.  
Water and Urine, quantitatively, each - 5.00.

SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

**A. R. PYNE, M.B.**

University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).

FOR

## Dysentery and Diarrhoea OF CHILDREN

**R** Iatrol - gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

Dr. J. H. Sackrider, of East Randolph, N. Y., says: "The first case in which I used Iatrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use Iatrol in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in very warm water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

CLINTON PHARMACEUTICAL CO.  
Manufacturing Chemists Syracuse, N. Y.

CANADIAN BRANCH: BELLEVILLE, ONT. - P. O. BOX 84.



# Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1893-94.**

The REGULAR SESSION begins on Monday, September 25, 1893, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 26, 1894, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

# Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.,  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

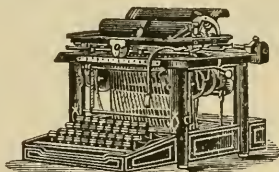
For further information apply to

CHARLES FORD, Superintendent,

314 Broome St., New York City.

Special instruction upon the manikin given by the attending physicians.

1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.



MACHINES RENTED.

OPERATORS SUPPLIED.



**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, TORONTO.

# Electro- Medical Sanatorium

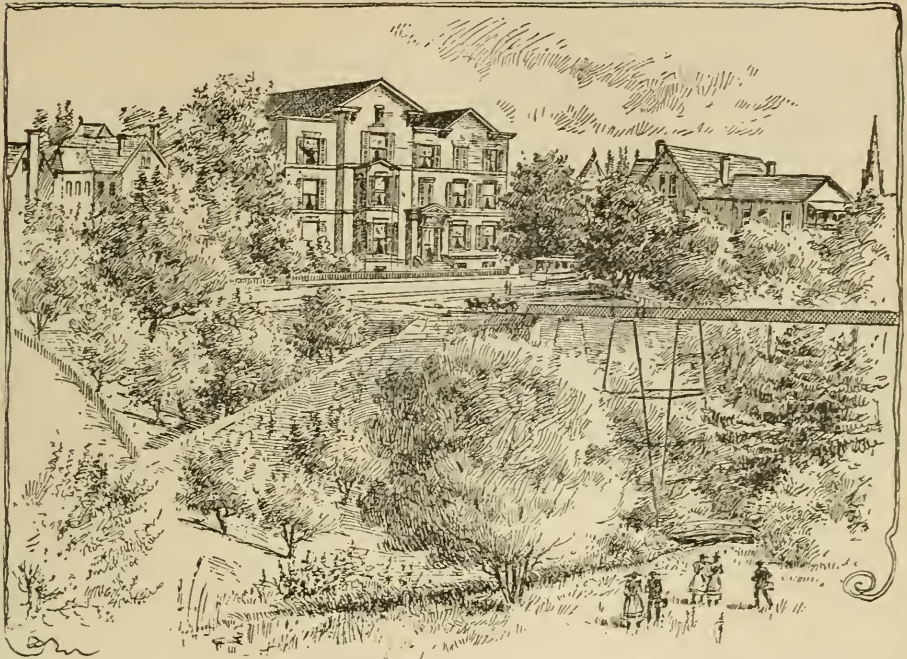
(IRELAND)

159 Bloor St. East

TORONTO.



PRIVATE WARDS SET  
APART FOR USE OF  
THE PROFESSION.



FOR THE FIRST TIME in the medical history of Ontario, a thoroughly equipped and commodious Sanatorium has been placed at the service of the profession, that they may secure for their clientele every advantage of the curative resources of modern science, in the skilful administration of Dietetics, Electricity, Balneology, etc., without being compelled to relinquish their supervision or responsibilities.

Neither money nor thought has been spared to meet the requirements of the profession or the comfort of their patients. The buildings are extensive and commodious, admirably situated on Bloor Street East, overlooking the beautiful ravines and woods of Toronto's aristocratic suburb, Rosedale. The Belt Line Electric Cars pass the door, leading to all the Railway Stations and Hotels in the city. Steam-heating throughout, and every convenience of a first-class private residence or family home.

Toronto has been selected for its well-known hygienic superiority, its mild winters, and its delightfully cool summers. The profession and the public are assured that the treatment adopted, of whatever specialty, in every case entrusted to the Sanatorium, will be such as they advise, and every resource of its trained and experienced staff will be at their command, based upon the most recent and acceptable scientific authority.

**Massage Treatment**—not in the haphazard, unintelligent manner so commonly seen, but its scientific application, suited to the pathological condition of each case—will form a very necessary department of the Sanatorium.

The **Wells-Mitchell System**, as now adopted and recently modified, through careful experience, will be in special hands and under special supervision.

For patients advised for Sanatorium treatment, their cases will be conducted along the line of diagnosis and treatment of the Physician who sends them, to whom the Resident Physician will make all necessary reports. For patients who do not bring their Physician's request, the Sanatorium has retained the services of a number of the most skilful and leading Practitioners of Toronto, eminent in treatment of special diseases, to consult with the Resident Physician, thus forming a staff of advisors not excelled by any private hospital or sanatorium in America.

**Electro-Galvanic Baths, Dry Galvanization and Faradization, Combined Vapor and Electric Baths.** every form of application or method suitable to every variety of disease, is at the command of the profession and public.

The **Dietetic Department** is equipped with the most perfect and scientific resources for undertaking for the profession the care and treatment of every form of disease in which the principles of Dietetics form the chief factor.

The Sanatorium possesses the right, in Canada, to use the various modifications of the **Ireland Hygienic Foods**, originated and perfected by the Resident Manager, the virtues of which, in the treatment of Diabetes and allied diseases, have so thoroughly established themselves with the profession over all Canada and the United States.

In the **Department of Balneology** every mineral water of reputed and acknowledged virtue, either Canadian or foreign, will be placed at the command of the profession, and administered subject to their instructions, either for bathing, vaporing or drinking, rendering the compulsory journeying to distant places seeking relief quite unnecessary.

In the diseases specially incident to women, all the advantages of a private hospital, where every resource of medicine or surgery will be employed for relief, and equipment of the most recent and conservative character, in the hands of experienced consultants, will be provided for every form of ailment.

The profession will perceive that the management of the Sanatorium have entered upon the duties with a full sense of their important character. In all the departments they have consulted the highest medical authorities on the best means to meet the requirements of the profession in the treatment of those cases where the difficulties are insurmountable to the ordinary busy family practitioner. They have been guided entirely by the counsel so cordially and pleasantly given.

The management feel sure of the hearty approbation of every physician acquainted with the desire and objects in opening the Sanatorium, and invite them to freely examine its admirable location, conveniences, equipment and resources in treatment which cannot be satisfactorily undertaken in private practice.

R. V. FUNNELL, M.D., C.M., University Queen's College, Kingston; M. C. P. & S., Ontario; late Medical Superintendent of Kingston Electric Institute, and Professor of Electric Therapeutics, Faculty of W. M. C., Queen's University; Licentiate N. Y. State University, Resident Medical Superintendent.

F. C. IRELAND, B.Sc., Professor of Hygiene and Director of the Ireland National Food Co., Resident Manager.

Telephone 3342.

For Terms, address Correspondence to—

R. V. FUNNELL, M.D.,

F. C. IRELAND, B.Sc.,

Resident Medical Supt.

Resident Manager.



# DR. WILLIAM A. HAMMOND'S PRIVATE = HOSPITAL

—FOR—

DISEASES

OF THE

NERVOUS SYSTEM

WASHINGTON, D. C.



The Hospital is situated on Columbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington. The soil is dry and all the surroundings are free from noxious influences. The Fourteenth-street cable cars run almost to the door. The building is very large, and in its construction every sanitary requirement has been fulfilled. The number of patients is limited to twenty. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable. The building is heated throughout by steam. For further information DR. HAMMOND can be addressed at the

Hospital, 14th St., and Sheridan Ave., Washington, D.C.

## The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.



# Canadian Medical Practice and Partnership Office.

J. E. WHITE, M.B., M.D., Toronto University; M. C. P. & S., Ontario. Office Hours—8-10.30 a.m.; 1-3.30 p.m.  
7-9 p.m. 185 Carlton Street, Toronto. Telephone No. 3370.

OCTOBER 20TH.

During the past month a large number of transfers have been completed. Some of the best practices in the Province have just been entered for negotiation.

A number of long established wealthy practitioners are now seeking young, vigorous and capable successors before the severe winter sets in.

The strictest privacy is exercised, that neither name nor location is known, until all the details have been considered satisfactory, and purchaser agrees to meet the cash required, if on visiting the one selected, he finds it is as has been represented, as to cash income, value of property and suitability of field.

The honour of each one is pledged in all negotiations, and has never been violated in the experience of the Office. Register Blanks for details with terms, sent on application to vendor or purchaser. These will supply all complete and concise particulars necessary for a choice without name or address.

All necessary advice the experience of the Office possesses is freely at the service of those wishing its aid. No Commission is expected until transfer has been made, and all negotiations are made through it as a reliable medium by both vendor and purchaser, and each party pays an equal share of the Office Commissions.

Gentlemen in quest of suitable locations, requiring private details of any particular place, without incurring the expense of travelling, may procure perfectly reliable particulars through the Office immediately following the registration of the wants.

Everyone wishing the advantages of this Office to sell or secure practices or partners, must deposit \$5.00 as an evidence of their *bona fides* to their conferees, which is returned when transfer is completed.

## PRACTICES FOR SALE OR LEASE.

1. **Unopposed practice**, no doctor within fifteen miles, in splendid county; rich farmers, well settled, for \$100.
2. **Fine unopposed practice**, over \$3,000; Northern county; long established; for cost of residence, \$1,500. Any terms; \$250 down.
3. **Fine village and country practice**, over \$2,000; one confrere; several valuable appointments; for cost of property; \$500 down. Capital opening.
4. **Town practice and drug store attached**, in Western county; \$4,000 per year; admirable combination; situation central.
5. **\$2,500 practice**; good connections and appointments, in large Western town; exceptional advantages for good surgeon. Mechanical centre.
6. **Net comfortable practice**, \$2,000; North-Western town; thoroughly established; for price of dwelling, \$1,500; \$500 down.
7. **The three best practices in the three best manufacturing centres of Western Ontario for transfer immediately**; average income, \$5,000; long established with best official appointments; only open until December 1st. Successor must command \$1,000 to \$2,500.
10. **In Toronto, handsome corner residence** and long established practice of about \$7,000 per year; finest location. Principal retiring from active work. Only one of exceptional ability accepted; only cost of residence.
11. **Fine practice** in good manufacturing centre, 5,000 population; over \$2,000. Good official appointment; excellent opportunity for active young married surgeon. Property for lease, if preferred with small bonus.
12. **Good opening** for active experienced man in a central city; over \$2,000 per year, easy; sell or lease property; splendidly located and give good introduction.
13. **Three good openings in Toronto**, long occupied by physicians, where comfortable practices may be secured at once for rental and small bonus.
16. **Good opening in York County**; thriving village; splendid equipment; fine comfortable house; good roads, wealthy people; \$2,000 per year; a rare chance.
17. **Fine \$3,000 practice in richest Northern county**; appointment of railroad surgeon and twelve or more of the best insurance companies. Cash required in purchase of residence, only \$2,000.
18. **Capital \$2,000 practice**, for cost of residence, in central Ontario—village. One of the best openings for young married practitioner. Apply immediately, bonus \$250.
19. **Good Eastern town practice**, manufacturing centre, for cost of residence; nearly \$3,000 a year; \$500 down on less than cost of property.
20. **Three unopposed openings** for three active young men. Good field and earning power from \$1,200 to \$1,500, where cost of living will not exceed \$800 a year.
21. **First-class opening**, Northern district, for a first-class man, to succeed to a long established practice.
22. **A smart young married man**, having \$500 cash, can step into a practice of more than \$3,000 by November 1st by acting immediately; no opposition.

## PARTNERSHIPS WANTED IN GOOD ONTARIO PRACTICES.

Four young, active practitioners, with European, post-graduate and local experience, desire partnerships with long established elderly confreres. Can pay from \$1,000 to \$3,000 cash for half interest, and will purchase the retirement of the principal whenever agreeable.

Gentlemen desiring locum tenens, or assistant, may secure them at shortest notice.

A number of handsome surgical instruments and microscope, property of a retired gentleman, for disposal at nominal figures.

**BRITISH COLUMBIA.**—Three good openings required in live towns in British Columbia by active, experienced doctors.

**Partnership or assistant's position wanted** by able and energetic young gentleman of hospital experience, highest references; would possibly purchase the retirement of principal in a year or so.

Gentlemen in any of the Provinces desiring to dispose of their properties and practices, or to secure partners, would confer a favour on their confreres by entering the particulars and lowest terms upon the Confidential Register of the M. C. P. Office, and avail themselves of its private methods and advantages in the transfer. Each deposits \$5.00 as evidence of *bona fides*, which is returned when their transfer is completed. No business is done until one's want is properly registered.

Letters of inquiry must be direct from medical practitioners only, and must enclose stamp for reply, otherwise they will be unnoticed.

Address—

DR. J. E. WHITE, TORONTO.

# D. APPLETON & CO.'S PERIODICALS.

---

.. THE ..

NEW YORK JOURNAL

.. OF ..

## Gynæcology and Obstetrics

ISSUED MONTHLY.

EDITED BY

A. H. BUCKMASTER, M.D.

J. D. EMMET, M.D.

WITH THE FOLLOWING COLLABORATORS :

THOS. ADDIS EMMET, M.D.

A. J. C. SKENE, M.D., Brooklyn.

T. GAILLARD THOMAS, M.D.

W. H. BAKER, M.D., Boston.

HOWARD A. KELLY, M.D., Baltimore.

J. C. REEVE, M.D., Dayton.

CHARLES JEWETT, M.D., Brooklyn.

E. C. DUDLEY, M.D., Chicago.

---

*The Official Organ of the : : :*

: : *New York Obstetrical Society.*

The ..

## New York Medical Journal.

A WEEKLY REVIEW OF MEDICINE.

EDITED BY

FRANK P. FOSTER, M.D.

VOLUMES BEGIN IN JANUARY AND JULY.

Subscription price, \$5.00 per annum.  
Single Number, 10 cents.

---

Journal of ..

## Cutaneous and Genito-Urinary Diseases.

*(Published Monthly.)*

EDITED BY

JOHN A. FORDYCE, M.D.

Subscription price, \$2.50 per annum.  
Single Number, 25 cents.

---

The ..

## Popular Science Monthly.

EDITED BY

WILLIAM JAY YOUMANS.

Yearly Subscription, \$5.00. Single Number, 50c.

---

SAMPLE COPIES SENT ON APPLICATION.

NEW YORK:

## D. Appleton & Co., Publishers.

CANADIAN AGENCY:

63 YONGE STREET, TORONTO.

GEO. N. MORANG, Manager.



# "Vinolia" Soap.

## TESTS FREE.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

WE will supply, free on application, tests for Soaps, with bona-fide reports from medical and other scientific journals, together with facts and figures, showing "VINOLIA" Soap to be the **Purest, Safest and Best** for Skin Irritation, Toilet, Nursery and Bath.

## RECOMMENDED BY MEDICAL MEN.

*THE LANCET*, London, reports:—

"Odour delicate and an article of excellent quality."

*THE BRITISH MEDICAL JOURNAL*, London, reports:—

"'Vinolia' Soap is of unquestionable excellence, and much in favour with the profession."

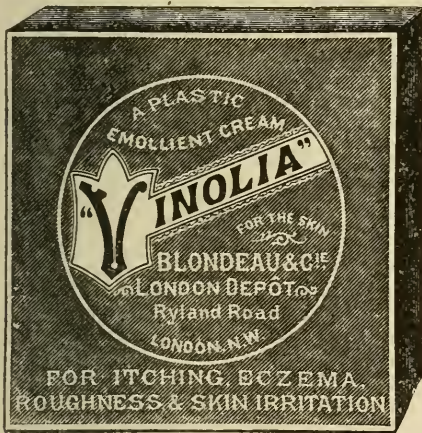
Floral 15c., Medical Balsamic 25c., Toilet Otto 35c. and Vestal 85c. per tablet. Shaving Soap, 30c., 40c. and 60c. per stick; flat cakes, 50c. Vinolia Shaving Foam (in collapsible tubes) 50c. and 85c.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST.  
SAFEST,  
BEST.



For Face Spots, Insect Bites, Rash, Etc.

"An emollient cold cream of much convenience in many minor skin ailments where a soothing protective is required."—*British Medical Journal*.

"'Vinolia' is an emollient cream for the skin in eczema, rash, eruptions, etc. It possesses a fragrance of distilled roses."—*Lancet*.

For acne spots on the face, and particularly for eczema, it is undoubtedly efficacious, frequently healing eruptions and removing pimples in a few days. It relieves itching as if by magic."—*Baby*.

50c, \$1.00 and \$1.75 per Box.

"VINOLIA" DENTIFRICE, English. 75c.; American, 50c.



For Chafes, Tender Feet, Oily Skins, Etc.

"An impalpable rose dusting powder, soluble, of remarkable fineness, and well adapted for the nursery, toilet, 'weeping' surfaces, and sweating feet."—*British Medical Journal*.

"'Vinolia' Powder is well adapted as a dusting powder for toilet purposes."—*Lancet*.

"Superseding the old toilet powders, which are apt to cause acne by blocking up the pores of the skin."—*Ladies' Pictorial*.

In PINK, WHITE and CREAM.

50c., \$1.00 and \$1.75 per Box.

**BLONDEAU & CIE., 73 AND 75 WATTS STREET, NEW YORK.**  
ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.



## Syrup of Hydriodic Acid.

---

(DOUBLE STRENGTH)

Containing two per cent. Hydriodic Acid, Absolute.

The Syrup of Hydriodic Acid generally offered by us corresponds to the official requirements, in point of activity and in containing 1 per cent. hydriodic acid, absolute. The dose of the U. S. P. syrup is objectionably large when comparatively small doses are required, the amount of saccharine matter often producing untoward effects upon the digestive system. Frequent complaints to this effect have appeared in the medical and pharmaceutical journals. These facts have prompted us to offer the medical profession, in addition to the syrup U. S. P., a clear, colourless, permanent and efficient Syrup of Hydriodic Acid of double strength, containing 2 per cent. of *true Hydriodic Acid*.

Send for literature on this preparation.

## Glycerin Suppositories.

---

95 PER CENT. GLYCERIN.

An eligible method of relieving constipation without disturbing the stomach.

Many so-called Glycerin Suppositories contain too small a percentage of Glycerin to be efficient. We guarantee the quality of those we manufacture.

Put up in bottles of one dozen and one-half dozen, convenient for prescribing.

## Ethereal Antiseptic Soap.

---

We are now prepared to offer this product in the form of a colourless liquid of a pleasant odour. It is easily washed off with cold or warm water, and is invaluable to the pharmacist, physician and surgeon.

Dr. W. W. Keen, the distinguished Philadelphia surgeon, says of it after considerable experience: "I find it the best preparation I know of for cleaning the hands and softening them. It also destroys odours about the hands. I use the soap constantly in my clinic and in my office with great advantage.

Mercuric chloride can be dissolved in it in the ordinary proportions. Such addition should be made only to quantities of this soap desired for immediate use, as upon standing for about twenty-four hours, more or less precipitation, apparently unavailing, takes place.

Since its introduction its use has been extended successfully to the treatment of parasitic affections.

---

**PARKE, DAVIS & CO.**

DETROIT. - NEW YORK, - KANSAS CITY, - WALKERVILLE, ONT.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR,

EDITOR.

All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, OCTOBER, 1893.

[No. 3.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

## Editorials.

### CORRESPONDENCE *RE* MEDICAL COUNCIL.

Last month a letter was received by us for insertion in the JOURNAL from Dr. Armour, of St. Catharines. It came too late for that issue, and explanation was made to him of this fact, with the promise that it would be inserted in October. Much to our surprise the same letter came out in a few days in the columns of the *Empire*, and on the 7th inst. in the *Mail*. There can only be one reason for an action of this kind, and that is, that Dr. Armour did not wish to reach the medical profession at all directly. The members of the Medical Defence Association on our invitation agreed through their recognized secretary to put their arguments before the public through the medical press. The failure of at least this one adherent shows plainly that it is not the medical men he wishes to influence, but the general public, and through them the members of the Legislature, knowing full well that the Council's side of the question was only submitted as it was wished that they should submit theirs. Hence the general public would only get a very one-sided view of the subject, and would be unfair judges. With regard to the letter itself, we only intend dealing with the portion which refers to the Council, leaving it to Dr. Rogers who has been particularly

assailed to make a plain and able defence of himself, which we truly know from data in our possession that he can easily do, showing that his actions were absolutely fair, and all his expenditure wholly necessary.

Dr. Armour, in his references to the Council and its actions, shows that he is sadly deficient in knowledge of parliamentary acts and the Medical Act in particular. The Legislature only required a new election in 1894, and as long as it is held in that year the bidding of that body is fulfilled both in the letter and spirit of the amendment. If the "specious pretext," which he claims was the cause of the allowance, was actually that cause, it still holds good as the same state of affairs remains. The Discipline Committee, which will meet in December, has before it a number of important cases which are to be dealt with and reported at the next session. We are afraid that cases will still be cropping up to be judged, though it is to be devoutly wished that it were not so, and if as the doctor thinks, this was the *raison d'être*, he would have the Council an *ad infinitum* one instead of an elective board. He evidently has forgotten that a member of this Committee still remains a member till the report is before the Council, even if he has ceased to be a member of the Council itself.

The time for holding an election is always fixed by the retiring Council by by-law, and is neither a matter of practice nor custom, but simply a time which is thought will best suit the medical pro-

fession generally. The new distribution of the territories requires a new register to be made out and distributed, and this is not a work of a few days, but entails on the already much employed Registrar an immense deal of new work which will take a large amount of time and labour. This should surely be a great consideration in the minds of all. The Legislature simply amended the clause of the Act referring to the collection of an annual fee till a new council is elected, leaving it to their discretion whether it should be renewed or not. They did not, however, touch on the many sections referring to the non-payment, and if they are read it can be plainly seen how easily this bears on their shoulders.

Immediately after the last meeting of the Council, we, in our wisdom, thought we would print a report and give it to the profession as early as possible. We did insert the first instalment, but on consideration decided that, on account of the early publication of the annual Announcement, it would be not only a waste of time but also of good material to continue it. The Announcement was delayed going through the printer's hands, but is now before the profession. Dr. Armour's insinuation as to changes being made in it, is not only uncalled for, but an evidence of his own ignorance of the method of printing reports. An official stenographer is employed and all the proceedings taken down. From this report the Announcement is printed, and the idea that any change could be made is absolutely absurd on the face of it.

Mr. Waters, before the Legislative Committee, asked for a statement of payments to members of the Council for their services, and it was immediately supplied. Dr. Armour says it was sought after before from the Council, and in that he makes a mistake as the Council was never even asked for any such return. We believe that certain employees were approached and asked for a statement, but it is completely out of their power to give it without an order. If Dr. Armour had asked his representative, Dr. Philp, or if Dr. Sangster had asked his representative, Dr. Orr, to move during the session for this return, it would have been cheerfully supplied to them, but they did not, merely going about it as we have shown. Looking at the question of rations, as Dr. Armour calls it, the seeming discrepancy with regard to a different number of days'

allowance to different members can be easily explained. Suppose a four-days' session: A member, say of Ottawa, or even further east, has to start the day before and spend the day after the session getting home, thus making it necessary for his expenses to be paid for six days. Anyone travelling on a railway will soon understand how expenses mount up for meals, and it is only just that such member should get an allowance for it. We think that we are scarcely expected to add, on account of our intending correspondent acting as he did, that his communication will not be found in our columns.

#### INTERPROVINCIAL RECIPROCITY.

Readers of Shakespeare will easily recollect the remarks of the solemn Jaques anent the usages of the world:

"As I do live by food, I met a fool;  
Who laid him down and bask'd him in the sun,  
And rail'd on lady Fortune in good terms,  
Yea, in good set terms,—and yet a motley fool."

Listeners and thinkers in this age will easily hear very similar remarks about various matters referring to the Council. If we follow Webster's definition of a fool, we can scarcely place in any other category those who make the unwarrantable charge against the corporate body of the medical profession of this province, that it is the great stumbling-block against a uniform system of registration for the Dominion of Canada. It is very evident that those who say this are not aware that the British North America Act relegated to the Local Legislatures all matters pertaining to education, and that no Dominion Board can be formed without the unanimous request of all the provinces. Such a proposal is not likely to be acceded to by some, university and school influence being so strong as practically to prevent the organization of Central Boards of Examiners.

But until these Central Boards are established, and the standard of graduation made uniform, there is very little hope of anything being accomplished.

The profession in Ontario stands foremost in the desire for a high standard of matriculation and subsequent graduation, and earnestly urges that her sons may practise in other provinces by a reciprocal interchange of such courtesies therein.



That such may be the case, other provinces must have these Central Boards and as high a standard as our own. The position of the Medical Council here is made very plain in clause 26, c. 142, s. 26, R.S.O., 1877, which reads as follows:

"When and as soon as it appears that there has been established a "Central Examining Board," similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the Provinces forming the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting Certificates of Qualification, and wherein the curriculum is equal to that established in Ontario, the holder of any such Certificate shall, upon due proof, be entitled to registration by the Council of Ontario, if the privilege is accorded by such Examining Board or Institution to those holding certificates in Ontario."

Further evidence of a right feeling here is shown by appointment of a committee by our Council in 1892 to meet delegates from the other Provincial Medical Boards. The meeting was held in Ottawa on September 20th, 1892, and after a full and able discussion, all the delegates favoured the adoption in the various provinces of a Medical Act similar to that in Ontario. The following resolution was carried unanimously:

*Resolved*,—That in the opinion of this Conference there should be established in each province in Canada a Central Examining Board to examine all candidates for medical registration therein.

*Resolved*,—That as soon as a Central Examining Board is formed in each province, a committee should be appointed for each Provincial Medical Council, in order to have established a uniform standard of matriculation and of medical education throughout Canada, and also reciprocity between the provinces in regard to medical registration.

The Committee in our Council on presenting their report at the session of June, 1893, concluded it as follows:

"Your Committee can also express the hope that the time is not far distant when the various provinces of Canada will each have a Central Examining Board, and reciprocity in medical registration between the provinces will be an accomplished fact."

This report was adopted.

Thus it will be seen that the views held by those who rail against our Council on the question are decidedly erroneous, simply showing their ignorance as to the different actions of the Board, and

that it has done more than any other in its endeavour to elevate the standard of the profession and give to the Dominion, in the only legal way possible, a system of Interprovincial Reciprocity.

#### EDITORIAL NOTES.

We have been informed upon good authority that the profession of St. John, N.B., and of the Maritime Provinces, in general, are already busy making preparations for the meeting of the Canadian Medical Association, which is to be held there next year. This being the case, we may look forward to a very large gathering next year.

The age we live in is a wonderful one for its many ways for rapid work. None is more noticeable in this line than the art of stenography and type-writing. All through the Province we have schools with able men devoted to this work, and among them Barker & Spence stand pre-eminent. With a good staff and a good equipment they well merit the large and ever-increasing classes they have.

Each day shows itself by the addition of some new instrument in the surgical line especially. The new and different operations done now require many things not before in use. This demand is fully met by our instrument makers and dealers. As a new departure, Chas. Cluthe & Sons have enlarged their already large stock and moved their quarters for this specialty upstairs, above their offices for trusses, etc. They have a large first-class display and will well repay a visit.

The profession of London are to be congratulated upon the manner in which they entertained the members of the Canadian Medical Association, while they were meeting in that place. On Wednesday evening, the 20th September, the London Medical Association gave a banquet at the Tecumseh House, at which Dr. Hodge presided. The gathering was a pronounced success. On the following day a special train on the C.P.R. conveyed the members of the Association to the Asylum grounds, where they were given a practical demonstration of the working of a *sewage farm*, after which they were entertained to luncheon in the large concert hall of the Asylum by Dr. Bucke and his genial staff of assistants.

D. Appleton & Co., on January 1st, 1894, take over from the hands of the present publishers the *New York Journal of Gynecology and Obstetrics*. This journal is at present the official organ of the strong and well-known New York Obstetrical Society, and of course will continue to be so. The new editors and proprietors are A. H. Buckmaster, M.D., and J. D. Emmet, M.D., names which suggest good and only good work. As collaborators the best gynecologists and obstetricians of New York are on the list. Thos. A. Emmet, the great operator in women's troubles; T. G. Thomas, the author of a work on the subject; A. J. C. Skene, of Brooklyn, who now has a very powerful edition before the profession; Chas. Jewett, W. H. Baker, E. C. Dudley, Howard A. Kelly and J. C. Reeve, are such names that the success of a paper written by them is already assured. The cost has been reduced to \$4.00 yearly.

On Bloor Street East, stands a well-built, handsome house, well back from the street, protected from the winter's winds and summer's sun by ample shade trees. It is occupied as "The Electro-Medical Sanatorium, with F. C. Ireland as manager, and Dr. R. V. Funnell as medical superintendent. This lady has been a well-known figure in medical circles in Kingston for some years, having a large general practice, and holding the chair of Practice of Medicine in the Woman's Medical College. In taking up her specialty as an electro-therapist, she found that, on account of the amount of work to be done, she must give up either one or the other. This was done, and as a result we have this first-class sanatorium here. The special lines in connection with the institution are electricity, including mineral, electro-mineral and electro-vapour baths, for which all conveniences are secured, and massage done by accomplished masseuses employed by the staff. One feature which should certainly interest medical men is the setting apart of certain well-furnished, well-lighted and well-ventilated rooms for the use of any physician who wishes to secure them for his own patients. This is an item which should give Dr. Funnell good patronage, as the places where we can send our own patients and treat them ourselves are few and far between in this city of Toronto.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. McGUIGAN, Associate Editor for British Columbia.

## Prince Edward Island.

DR. R. MCNEILL, Associate Editor for Prince Edward Island.

### PUBLIC HEALTH DEPARTMENT FOR CANADA.

Our American neighbours are making some progress at having a Department of Public Health.

The Pan-American Medical Congress has had a resolution passed upon the subject. The interests of public health demand that there should be a department of the Government having parity of voice in the National Council, entrusted to experienced and educated medical men, who alone are competent to assume the duties thereof. When will Canada have a department of public health? Not until the medical men of this Dominion make their influence felt, and by strong resolutions keep the matter prominently before the public. We have our marine department, our agriculture department, and other departments good and useful in their place, but public health, the most important of all, is ignored, unless the collection of a few statistics be the all-important point in view. We cannot expect the public to lead in this matter—they are not competent to advise; but medical men from their education and knowledge of sanitary and hygienic laws, are expected to take the lead, and the profession from the various provinces of the Dominion should speak out, and that right early, urging the Government to establish a department of public health. Perhaps it would be necessary for the profession to prepare a basis and plans of operation to be first submitted to the Government, or perhaps the lines of action should be left with the minister and a deputy head from each of the provinces.

Whatever form legislation may require on the subject, there is no doubt the time has arrived when we should have such a department, and I would like to hear the voice of the profession elsewhere

on this subject. Whenever the profession will move solidly in the matter, doubtless the Government will be induced to take action. Hoping to see a move made I shall await with pleasure developments.

While the medical profession here and elsewhere are interested in making laws that will place the profession on a higher plane, and providing for repelling quackery with all its attendant evils, we are apt to lose sight of the ethics due from one member to another. That we have quackery and irregular conduct from within is undeniable. How can it be remedied, and what steps should be taken on the advent of interprovincial reciprocity, to cause our members to respect the rights and feelings of one another in this respect? It is no uncommon thing for a young man, on assuming the practice of the profession, to plant himself in the midst of a field occupied by an older practitioner, and if possible ruin the chances of the older man to make a living—as if the goal of ambition was to destroy the practices of men already settled.

The churches are very conservative in guarding the rights and privileges of their settled pastors within certain parishes, and such a thing as a member of the same church planting himself in the midst of an organized congregation would not be tolerated. Under-bidding is frowned down in every other profession; but in the medical profession it appears we have not the organization or *esprit de corps* essential to regulate abuses of this kind. While interprovincial reciprocity may be a very good thing, and facilities should be provided wherewith a man might leave one province for another, yet it must be admitted that in settling in another place the new man may be invading an organized field, well supplied with men who are quite capable and competent to cater to the public demand in a professional respect. The advent of a new man simply adds to the craze or mania which exists in the popular mind for a change, thus dividing the living of one man having a family with two. The world is wide and large enough to provide a living for all, and the *ethics* of the profession should be placed on a healthy basis; the various Councils should have jurisdiction in the matter. The colleges in training men should inculcate sound principles that would help largely

to obviate the necessity of actual interference in this matter. A well-organized profession would consider that it is as important to protect the living of the men already engaged in it as it is to open wide the portals for young men aspiring for the profession. Such a thing as offering *free visits* and only charge for medicines furnished would not be tolerated in a community where ethics was regarded or respected. The struggle for existence may be pleaded as an excuse; but is it wise to overcrowd a profession when such questionable tactics have to be resorted to?

The title of "Doctor" is only rightly assumed by him who has undergone successfully the examination instituted by a legally chartered college or university having power to grant such titles. The public, however, in too many instances regard the quack and pretender with as much faith and respect—in fact, place the scientific man upon the same level with the quack, and are not a bit averse to style the pretender with the title just as freely as the legitimate owner.

Perhaps it would have a beneficial effect upon the public mind to see the profession respect each other—to see unanimity and cordiality in the rank and file of the profession—the spirit of the Golden Rule largely practised by one practitioner towards another, then "Am I my brother's keeper?" would not be sneered at, but the physician would be an educated man, as Chaucer says,

"In all this world ne was ther non him like  
To speke of phisike and of surgerie."

I may, in your next issue, deal with some other points concerning the unity of the profession, and their power to stamp out quackery.

---

### Original Communications.

---

#### ACUTE GENERAL PERITONITIS; LAPAROTOMY; RECOVERY.\*

BY ANGUS M'KINNON, M.D., GUELPH.

M. F., a domestic servant, aged 22, has been from early life a pale-faced girl, never very well, and often complaining of pain in the stomach. Her first menstruation was at the age of nineteen, and it never occurred with regularity. On the night of December 16th, very acute pain suddenly

---

\* Read before Ontario Medical Association, June, 1893.



developed, which she referred to the stomach. Under a hypodermic dose of  $\frac{1}{8}$  gr. morphine and repeated  $\frac{1}{8}$  gr. doses per orem, she was only partially relieved. Within twenty-four hours the symptoms clearly denoted acute general peritonitis. The patient was removed to the General Hospital.

Dec. 17. Pulse 120, and rate increasing; temperature  $101^{\circ}$ ; abdomen distended and tympanitic; walls firm and unyielding. After consultation with Dr. Howitt, it was decided that the cause was probably a perforation, and that a prompt laparotomy afforded the only chance of life.

Accordingly, at one o'clock a.m., with such preliminary aseptic measures as could be hastily improvised, the abdomen was opened by a median incision two and a half inches long below the umbilicus. The pelvis and the cœcal region were carefully explored, without gaining any clue to the cause of the inflammation. The incision was extended upward almost to the ensiform cartilage. The distended bowels escaped in every direction. Two nurses kept them covered by sponges wrung out of hot water. There was considerable seropurulent fluid free in the peritoneal cavity. The bowels were very carefully examined, but no perforation was found.

The gall-bladder was next examined. It was distended with bile, but normal in appearance.

The anterior wall of the stomach, near its lower border, and about two inches from its left extremity, was found adherent to the abdominal wall. On gently separating these adhesions an old ulcer was disclosed. It contained pus; its edges were ragged, but we were not able to prove that it penetrated through the wall of the stomach. No doubt the attack of peritonitis arose from a partial separation of these adhesions, thus permitting the escape of free pus into the peritoneal cavity.

The ragged edges of the ulcer were trimmed or scraped away, and then the whole peritoneal cavity washed out very thoroughly with simple hot water.

The difficulty experienced in closing the distended abdomen was much greater than I anticipated. The silkworm gut sutures ordinarily used, broke, owing to the extreme tension. I had to resort to strong Chinese silk, which, unfortunately, had not been properly prepared, in order to make the walls meet. We made no attempt at order in replacing the bowels, being satisfied to get them

to remain inside in any manner. Two soft rubber drainage tubes were inserted, one in the pelvic cul-de-sac, and one down to the ulcer. The usual dressings and a bandage were applied.

Dec. 19. The patient had considerable vomiting, but no pain. For the first three days enemata of peptonized milk were given at intervals of three hours, nothing by the mouth. The drainage tubes were removed on the second day.

Dec. 21. On the third day, pulse 70; temperature  $98^{\circ}$ - $99^{\circ}$ ; all tympanitis disappeared; gas passes freely from the bowels.

Dec. 23. Stitch-hole abscesses had formed, no doubt due to the unprepared silk used; also a discharge of pus from the upper drainage sinus.

Dec. 24. All the stitches removed, and long wide strips of adhesive plaster used to support the abdominal wall.

Dec. 25. The patient is now able to take fluid nourishment very well. No pain in the abdomen; no tympanitis; pulse 70-80; temperature  $99^{\circ}$ - $100^{\circ}$ , the slight rise, no doubt, caused by the suppuration in the stitch-holes and sinus.

Dec. 27. Pulse 100-110; temperature  $101^{\circ}$ ; respiration 35-40; no cough, but she complains of pain at right base. Examination discloses a limited area of fine crepitus with dulness near base of right lung.

Jan. 3. Under 6-minim doses of tincture ferri. mur. every two hours, she gradually improved during the week, but an attack of phlebitis in left leg developed. Pulse rose to 120; evening temperature,  $102^{\circ}$ . As it subsided, a similar attack occurred in the right leg. Both swelled very much, and were very painful.

Jan. 17. The phlebitis now involved the left arm, both legs having almost recovered.

Jan. 29. The swelling and pain in the arm are completely removed. Pulse 86; evening temperature now normal. She is able to take her food very well.

Feb. 15. Was discharged from the hospital quite well.

The mild attack of septic pneumonia and the three attacks of phlebitis, I am satisfied, may be ascribed to the use of the unprepared silk.

The case just narrated seems to me very clearly to show the value of laparotomy in acute general peritonitis. It is rare that this disease develops

so rapidly, except when due to perforation. No one can doubt that this girl would have died in two or three days with the ordinary opium treatment. In my own experience, and in consultation with other medical men, I have seen many such cases. When the symptoms develop rapidly, the pain and tympanitis being great, I have never seen one recover. These are the cases where a prompt laparotomy is not only justifiable, but imperative. It will not make the patient's chances worse in any case, and if any remediable condition be disclosed, it may save life.

For many years operation has been resorted to with numerous permanent recoveries, for tubercular and suppurative peritonitis. Such practice is now well established, so that there can be no doubt of its propriety. But the question of operation for peritonitis from perforation, though often discussed, is still open for discussion.

In many cases, the prompt death of the patient ends the discussion as to operation in an individual case. Such a case is reported in the *British Medical Journal*, September, 1890, page 734. The patient died in twelve hours from the onset of the attack. The peritonitis arose from detachment of adhesions surrounding an old perforation of the stomach. Instead of an operation, there was an autopsy, which disclosed these facts.

I remember a case in the practice of a confrère in the city of Guelph. A young woman died in eighteen hours from the first symptoms. In the evening she complained of acute pain, which she referred to the stomach. During the night, under an opiate, she slept a little, and took some breakfast next morning. At noon she died. The autopsy disclosed a large perforation in the posterior wall of the stomach, and portions of food free in the peritoneal cavity. There was very little trace remaining that there had been peritonitis. In those cases when death occurs within twenty-four or thirty-six hours, the autopsy may fail to show clear evidence of peritonitis.

As to idiopathic peritonitis and some forms of puerperal peritonitis, in view of the success attending the heroic opium treatment so strongly advocated by Dr. Alonzo Clark, we cannot wisely urge surgical interference, because we cannot expect better results than the records furnished by the opium treatment. In perforative peritonitis, how-

ever, it is useless to rely upon opium, however boldly administered. In the few cases that survive the first twelve hours after the perforation has occurred, if the patient's condition warrants surgical interference, I think we have the right to urge prompt laparotomy, as affording him the only possibility of recovery.

A very important question then arises, How are we to distinguish the cases that require operation from those that do not? A careful study of the symptoms will aid us. When there is a large perforation of the stomach or bowel, death occurs in part, at least, from shock. The pain is not such an urgent symptom as a sinking, oppressed feeling. Operation in these cases, it would seem to me, would add to the shock. Then in the idiopathic form, the symptoms do not develop with such extreme rapidity as when due to a perforation. It takes two or three days to develop conditions that peritonitis from perforation manifests in twelve to sixteen hours. When the onset is sudden, the pain extreme, the pulse rising rapidly from 70 or 80 to 120 within twenty-four hours, and the tympanitis also rapidly increasing, with vomiting and obstinate constipation, not even flatus passing from the bowels, I am confident no mistake can be made by resorting promptly to laparotomy.

---

### CHOLERA.\*

BY H. J. SAUNDERS, M.D., KINGSTON.

The morbid anatomy of cholera presents but few characteristic appearances to account for the violent and rapid nature of the disease. We should naturally look to the intestinal tract for evidences of the cause of the severe vomiting and purging and cramps, yet all observers agree that inflammatory changes are slight or altogether absent. Goodeve, after referring to the occasional enlargement of the intestinal glands, both solitary and agminated, noticed by Boehm, slight œdema of the mucous membrane of the small intestine, and the rare presence of greyish exudative patches, goes on to say: "In many cases there is little or no congestion or decided morbid change discoverable on examination of the mucous membrane or glandular structure." This is not invariably the case; some-

---

\* Read before Ontario Medical Association, June, 1893.

times there is congestion of the mucous membrane of the stomach and of the ileum; occasionally there are patches of venous extravasation (rarely gangrenous) in the colon, though usually it is pale, but all these congestive changes in the mucous membrane of the intestinal tract are so frequently absent that they cannot be regarded as pathognomonic. The intestines are usually filled with the same rice-water contents as formed the characteristic discharges during life, not always liquid, but sometimes inspissated, so as to form a creamy, pasty or gelatinous mass, adhering to the coats of the bowel, this consisting of amorphous granular matter, granular cells, and a small quantity of scaly epithelium. The right side of the heart, the lungs and liver, and the kidneys contain a considerable quantity of dark inspissated blood in the large vessels, while the capillary vessels in these organs and in other parts of the body are empty or nearly so. This change in the condition of the blood is the most remarkable and the most constant of the *post mortem* changes, and concerning the cause of it there are two views held which we may briefly consider: (1) That it is due to the great and rapid loss of the watery constituents, and (2) that it is due to the direct action of the poison of the disease, by which ptomaines are developed and the character of the blood is chemically changed, so that it becomes thickened, and instead of passing freely through the capillary vessels, excites spasm of their coats so that they are unable to receive or convey it.

The first view that the condition of the blood is due to the removal of its water constituents, was formerly received without question as being in accordance with the familiar phenomena of the disease, and accounting rationally for the pallid and shrunken appearance of the surface of the body as well as for the comparative absence of blood from the internal organs of the body except in the larger vessels. Yet of late years doubt has been thrown upon the correctness of this explanation.

It has been shown that the same condition of the blood exists in those cases of cholera in which death has taken place with extreme rapidity, and without the development of the usual characteristic symptoms of vomiting and purging, nay, even when these have been altogether absent. It has been further pointed out that no such change in the blood is seen where death has occurred from

copious hæmorrhage, the blood retaining its healthy characteristics to the last, with the exception that the proportion of corpuscles is diminished and that of the watery constituents increased, the latter being taken up from the tissues to make up for the deficiency in volume. I may here remark that this hardly appears to be a parallel case, since in hæmorrhage the loss of bulk includes all the constituent parts of the blood, and not, as in cholera, of the liquid portion only. Leaving, however, this part of the argument out of the question, as inconclusive, there appears abundant reason for believing that the view now generally held is the correct one, and that the tarry condition of the blood, although, doubtless, partly due to the loss of water, is chiefly caused by the chemical action of the morbid material. What this material is was long a matter of doubt, but is now generally believed to be a form of bacillus, first described by Dr Koch in 1884, and asserted by him to be peculiar to cholera. His statements were received with incredulity at first, other observers who had been investigating in the same direction denying that they were peculiar to cholera, and claiming that similar forms were present in the colon even during health, and especially during unhealthy conditions, such as dysentery.

More extended observations have, however, confirmed the correctness of Dr Koch's statements, and marked differences between the bacillus coli and the cholera bacillus have been shown to exist both in form and mode of propagation, till now few persons are to be met with who will dispute the existence of the cholera bacillus, or its constant relation to the disease itself. Those who do are probably chiefly to be found amongst those who, from international differences, refuse to accept as authentic discoveries of German origin.

So much has been said and written of late years about this common bacillus or spirillum, that its description must be familiar to every one of you, and I feel unwilling to trespass on your time by describing what has already been so fully described by others who are, from direct observation, able to do what I could only do by copying from sources as accessible to you as they are to me. I will therefore only refer to those points connected with it that are of importance to us as regards the prevention of the disease.



Sternberg, in a recent article copied in the *Canadian Practitioner* from the *Brooklyn Medical Journal*, has admirably condensed these into a practical form, that we should all bear in mind : (1) It not only does not increase, but is rapidly destroyed by desiccation, a very short time depriving it of vitality ; (2) Although it thrives in warm air yet it will not survive exposure to high temperature, its death point being below  $140^{\circ}$  ; (3) That it is easily destroyed by comparatively weak solutions of various disinfectants, such as hydrochloric acid, 1-1300 ; sulphuric acid, 1-1000 ; methyl violet, 1-1000 ; and carbolic acid, 1-400, a period two hours' exposure being sufficient.

The important fact to be deduced from Koch's and Bolton's experiments would seem to be that, provided any of these means of disinfection are thoroughly applied, the destruction of the contagium is not difficult nor uncertain, but whatever method be employed it is essential that all parts of the material to be disinfected be effectually exposed. If heat (dry), steam, or boiling water be used, clothing, for example, must be so arranged that all parts of it are penetrated, hence it should not be thrown into a mass, but separated as much as possible ; if a disinfectant solution used for digestious discharges, etc., the quantity of the solution should be sufficient to completely immerse it.

The discovery of the comma bacillus and its acceptance by the profession as the active agent in the production of the characteristic symptoms of the disease have led naturally, in accordance with the views generally held with regard to specific diseases at the present time, to attempts to protect from the disease by means of inoculation either of the pure virus or of bacteria produced by artificial culture. These attempts, first made, I believe, by Forran, in Spain, in 1885, when they attained considerable notoriety on account of the contradictory reports with regard to the results obtained, and carried on extensively both in France and Germany during the epidemic of last year, have not so far proved very satisfactory. Injections, administered hypodermically, whether of the pure bacilli or cultures, have, as a rule, failed to induce the disease, and it seems probable that to produce its full effect, the bacillus must find its entrance into the stomach and be retained in the intestinal canal. Koch says that he failed to produce

cholera in guinea pigs by simply introducing the poison into the stomach, unless at the same time he injected tinct. opii into the peritoneal cavity. If further experiments bear this out, it would have an important bearing upon the advisability of endeavouring to restrain the excessive secretion by means of astringents or opiates.

The diagnosis of cholera is made by the culture of the bacilli in various media, such as pure water gelatine and water, sugar and starch solutions, chicken albumin, sterilized milk, etc., in all of which they grow readily, and by the development of the so-called cholera red in the presence of free acids, of which according to Jadassohn, hydrochloric acid is the best. To obtain this reaction, the presence of oxygen is necessary, and it is also requisite that the culture be pure and unmixed with other bacilli which either prevent or delay the development of the colour. When these conditions are complied with and a sufficient quantity of the oxydizing agent added, a well-marked violet red colour is produced after a short time, due to the existence of a substance which is formed in peptone or albumin cultures, and supposed to be an indol derivative. There seems, however, to be a good deal of uncertainty still about this as a means of diagnosis, since the use of impure acids, or old and impure cultures, either masks the reaction by producing other colours, or delays or prevents it altogether.

I have adopted Sir George Johnson's view as to the causation of the change of the blood in cholera, because it seems to me at once reasonable and consistent with the results of treatment, so far as we can be said to have obtained any results. It is a matter of very great importance, for if the symptoms and *post mortem* appearances are due to chemical changes caused by the presence of the bacillus, it is clearly irrational and mischievous to endeavour to suppress the discharges and retain the poison within the system. If, on the other hand, the thickened blood, the sharpened, pinched, features, the cramps and collapse, are due simply and solely to the withdrawal of a large quantity of fluid from the body, then our chief efforts should be directed to the arrest of this loss. As the question of treatment is to be taken up by others, I will not dwell further upon it.

Kingston, June 20th, 1893.

## Meetings of Medical Societies.

### CANADIAN MEDICAL ASSOCIATION.

TWENTY-SIXTH ANNUAL MEETING IN VICTORIA HALL.  
HELD AT LONDON, ONT.

The twenty-sixth annual meeting of the Canadian Medical Association opened at Victoria Hall, London, Ont., on the 20th Sept., ult., and continued for two days.

Dr. Bray, of Chatham, the retiring President, introduced his successor, Dr. Sheard, of Toronto, to the convention in a timely address, after which a number of new members were admitted, and the following Nominating Committee appointed: Drs. J. Stewart and Roddick, of Montreal; Fulton, of St. Thomas; J. E. Graham, A. McPhedran, of Toronto; I. Olmsted, of Hamilton; T. T. S. Harrison, of Selkirk; J. K. Holmes, of Chatham; R. M. Bucke and H. A. McCallum of London.

Beside the President there were on the platform Dr. H. S. Birkett, Montreal, General Secretary; Dr. W. H. B. Aikins, Toronto, Treasurer; Drs. Reeve, McFarlane and Temple, of Toronto; and Harrison, of Selkirk, representing the Ontario Medical Association.

President Sheard then delivered the annual address. After thanking the members for having chosen him to preside over this annual meeting, the doctor said when he looked upon those who in the past five and twenty years had preceded him in office, and saw such names as Sir Charles Tupper, Sir James Grant, Dr. Howard, Dr. Osler, Dr. Hingston, Dr. Mullin, and many others, who might be said, as the pioneers of medical practice in the Dominion, to have carried the interest and character of the profession to its present high and respectable place, the gathering could understand that he (the President) acceded to the discharge of his duty with some trepidation. It became apparent twenty-six years ago to the fathers of medicine in the country that it would be a wise thing to unite the ablest of the best elements of medicine, so that in unity they might advance to material progress, that they might ever defend themselves against the inroads of charlatanism and skepticism, so ready to scoff at scientific judgment, and that by cultivating friendly feeling and advancing special lines of work they could attain to

a measure of progress which would be mutually beneficial. In alluding to the grand result arising from the institution, the President said that when it had set an impermeable front, which only the boldest and rudest would attempt to attack, when it was of still more value to younger men, when it had left an example which would live long after the oldest members have passed away, surely it could not be said that the Dominion Medical Association had lived in vain. He alluded to the names of Drs. Howard and Ross, of Montreal; our own Dr. Osler, Dr. Hodder Dr. Ross, Dr. Workman, and Dr. Wright, of Toronto, as men who had left behind them a character and example which every young man starting out in his profession ought to remember. Unfortunately there was a growing tendency for the younger man to assume that it was reserved for him to know all the best and most improved methods of scientific discovery, and while some of these might not be as familiar to his older colleagues, and whilst some of them might be occasionally paraded in an uncalled for manner before a less informed patient, jealousies were apt to arise which, as time advanced, tended to prevent harmony of feeling which should pertain between two professional colleagues. As there should be unity among the members of the profession in Canada, so there should be some unity of privilege, continued the President. It appears to me scarcely conducive to professional unity that we should have in the various provinces of the Dominion separate licensing bodies which confer the privilege of practising only for the Province, and that those of us who to-day may reside in Ontario, in travelling to Manitoba or British Columbia, require there to pass a period of naturalization before we can even be examined, and then to pass again an examination which proves our qualification to practise—and this in our own country! Surely we are all Canadians, and if the spirit of the times means anything, we are united in patriotic feeling and national progress. Why should it be different in medicine? I may express the earnest hope that the time is not far distant when there will be some Central Examining Board or Boards for the whole Dominion, when a license from such a body will be a qualification to practise from one end of the country to the other. Branching into more

technical matters, the President said, among other things, "The practice of medicine in the last decade has been more particularly signalized by the advance of pure science, and the science of bacteriology has now become a science of diagnostic medicine. In the diagnosis of tubercular phthisis the bacteriological examination of the sputa is quite as correct diagnostically and more certain than the examination of the skilled auscultator. In the diagnosis of Asiatic cholera the most expert physician waits for the deliberations and the revelations of the bacteriologist, and in many other ways we see the practical results and usefulness of scientific advancement. It has been the history in the past for diagnostic principles to precede curative measures, and I entertain little doubt that those of us who are spared another ten years may see a solution of the difficulty which besets the cure of phthisis, and such diseases whose causation within the last decade has been established. Science and practice of medicine go hand in hand, as science and art everywhere. Science smoothes the ground for art to follow, never antagonistic, ever in unison.

"We must ever guard against the tendency to separate the science of art and medicine. The more advanced methods of observation, the carefulness and delicacy of manipulation requisite in handling scientific apparatus render it in a measure imperative that one who adopts the scientific fields of labour must withdraw from active practice. The physiologist must not only thoroughly understand the most sensitive electrical apparatus and electrical law, but he must also be a mechanic, a careful dissector and a man of marked ingenuity. Truly, as Oliver Wendell Holmes said, the 'greatest, broadest, the most mutual and attractive of sciences is physiology. The noblest study of mankind is man.' So in chemistry, the details of chemical experiment, the field of chemical investigation is so distinct from the ordinary work of a surgeon that perforce it must be left to the surgeon to proceed upon data separated by chemistry, and when we came into the modern revelations of bacteriology, the preparation of the bacteriologist's media, the careful knowledge of chemistry embodied in his work, the study of air plates and air forms, and delicate micro-organisms common to the atmosphere in which he works, the character of this and that product common to his special class, all

tend to leave the obverse and reverse of medicine's medal distinct. We must do our part as practical physicians to harmonize and combine these lines of observations if we wish for material advancement. Koch was a general practitioner, Watson Cheyne a consulting physician. It is something to the credit of a young country like ours to be able to say that on these lines of scientific attainment Canadians are fully abreast of the times, whilst we may yet be lacking in men of marked original research. This is not due to lack of intelligence and energy. The development of genius is endemic; it is allied to the friction of mind with mind; it is developed by criticism and comparison, possessed with a desire to excel, until at last it lays bare a truth which startles the world and benefits mankind everywhere."

In concluding the President said the Government of the Province was liberal, leaving to the profession the ordinance of its own laws, and did it show worthy intelligence on the part of those claiming to be ornaments of the profession to urge upon the gubernatorial body the wisdom of withdrawing from them what was justly and legitimately their own? The masses sent their representatives to represent them in certain issues, and if they did not do so they changed their representatives. "This is one law of political economy throughout the world. Have the physicians of our Province not enough intelligence to be entrusted with the same privilege?"

A vote of thanks moved by Dr. Bray, of Chatham, seconded by Dr. Reeve, Toronto, was tendered to the President for his able address.

On motion of Dr. J. E. White, seconded by Dr. W. H. B. Aikins, the following committee was appointed to look into interprovincial registration: Drs. Praeger, Nanaimo; Hingston and Mills, Montreal; Waugh, London; Sheard and Ross, Toronto; Harrison, Selkirk; Taylor, Goderich; Worthington, Sherbrooke.

Dr. J. Campbell, Seaforth, read a paper on "Cases in Practice," dealing with Puerperal Eclampsia. Drs. Laphorn Smith, Montreal; Harrison Selkirk; Bethune, Seaforth; Irving, St. Mary's; Holmes, Chatham, took part in the discussion.

Dr. Wm. Canniff, Toronto, read an abstract of a paper on "Sanitary Science—Some of Its Features," which was discussed by Drs. Arnott London; Mills, Montreal; Bethune, Seaforth.



Dr. J. V. Anglin, Verdun, read a paper, "The General Practitioner and the Insane." He thought in most cases that "asylum treatment" is preferable to "home treatment," partly because of the greater convenience with which entertainment may be given and the need of some nurse who thoroughly understands the care of those mentally weak. Many insane people, he said, are unable to sleep. This may be overcome by exercise and fatigue, or by means of a full meal, or a hot bath. In some cases alcohol is beneficial. Hyoscine is more uniform and certain than hyoscyamine, and unlike morphia there is no danger of the formation of a habit. Paraldehyde produces natural sleep. The effect of sulfonal is more lasting, but is slow in commencing. Chloral and chloramid may also be tried. If there be bodily pain none of these avail anything; then and then only has morphia to be resorted to. The mental improvement keeps pace with the physical; it is therefore important to have the body well nourished.

Drs. Arnott, London; Mathewson, St. Mary's; Mills, Montreal, took part in the discussion.

Dr. T. T. S. Harrison, Selkirk, read a paper, "Is Alcohol in all Doses and in all Cases a Sedative and Depressant?" He claimed that its first effect is that of a stimulant, though its secondary effect may be that of a sedative; and argued from several cases that were so low when he administered it, that had its effect been depressing the cases would certainly have died, whereas they revived.

Drs. Bethune, Seaforth; Arnott, Gardner, H. A. McCallum, London; L. Smith, Mills, Montreal, discussed the paper.

Dr. Hingston, Montreal, delivered the "Address on Surgery," taking up its history and progress from the earliest records.

Dr. B. E. McKenzie presented a case of lateral curvature in which he had used a rawhide spinal support. The patient could be stretched four inches, so much was the curvature. He knew of no other treatment in such a case. It was fitted to a plaster of Paris model, and had no seams. This is the first time the doctor has tried it.

#### WEDNESDAY EVENING.

Dr. F. R. Eccles, London, followed with a paper on "Displacement of the Kidney."

Dr. Hingston said he had only operated twice for the relief of the conditions. Though he had

seen a good many cases, there was, as a rule, no indication for operation.

Dr. Bethune, Seaforth, mentioned a case he had seen.

Dr. Bell, Montreal, said he had no experience with pads; he thought nephrorrhaphy good practice.

Dr. Laphorn Smith, Montreal, thought that cases of this kind are more common than are usually supposed. He said, in his experience the condition occurs more frequently in females than in males. He wished Dr. Eccles had had time in his address to speak of the ounce of prevention as well as the pound of cure. He referred to the compression of the woman's waist by means of corsets. While we cannot probably effect the abolition of the corset, all might use their influence in the modification of that garment.

Dr. Eccles replied, and described the application of an abdominal belt under which is placed a Barnes' bag, and this is subsequently inflated.

Dr. H. S. Birkett, Montreal, then read a paper on "Thyrotomy for large Sub-cordal Spindle called Sarcoma."

Dr. Osborne, Hamilton, discussed the paper, and asked why there should be such a change in the tumour after delivery? Would it go to show some reflex connection between the uterus and larynx?

#### THURSDAY MORNING.

Dr. Holmes, Chatham, read a paper, the subject of which was, "Two Cases of Laparotomy for Unusual Conditions." It was discussed by Dr. Atherton, of Toronto.

Dr. Bell, Montreal, spoke of "Some Unusual Conditions met with in Hernia Operations." Drs. Canniff, of Toronto, and Bethune, of Seaforth, discussed the paper.

#### NEXT PLACE OF MEETING.

The Nominating Committee recommended that the next place of meeting be St. John, N.B.

Dr. Preager, Nanaimo, urged the claims for British Columbia for 1895. The St. John recommendation was adopted.

#### THURSDAY AFTERNOON.

Dr. A. McPhedran, gave the "Address in Medicine," a synopsis of which will be found in our next issue. He discussed the more recent methods of diagnosis and treatment of diseases of the stomach.

Dr. H. A. McCallum said there are some cases in which considerable difficulty is experienced in

passing the stomach tube. This he said, may be overcome by having the patient breathe rapidly.

Dr. Gardner mentioned a case that had been suffering from gastralgia; he said that great relief was experienced from using the stomach lavage every second day.

Dr. Mills said there was a time when a paper containing so much physiology would barely be listened to, and he thought, the fact that so much interest had been shown, was a sign of a possibility of reaching purely scientific medicine.

In order to facilitate business the meeting was divided into medical and surgical sections.

In the surgical section, Mr. I. H. Cameron, Toronto, presided.

Dr. R. Ferguson, London, contributed a paper and presented a case of "Successful Cholecystotomy in a Young Married Woman." It was discussed by Drs. Cameron, Praeger, Meek and Smith.

"The Anatomical Relations of a large malignant Growth in the Neck with a Secondary Deposit in the Lung" was the title of a paper by Dr. A. Primrose, Associate Professor of Anatomy in Toronto University. The paper was illustrated by means of a number of well-prepared *frozen sections*, which demonstrated the relations of the growth, and showed the secondary growth in the lungs very clearly. Dr. Praeger gave great praise to the paper and the sections.

The chairman asked Dr. Meek, of London, to show a specimen of extra uterine pregnancy that he (Dr. Meek) had removed that morning.

Dr. Cameron, Toronto, and Drs. Eccles and Gardner, London, discussed the case.

#### THE MEDICAL SECTION.

Dr. Moorehouse, London, presided over the medical section.

Dr. Arnott discussed "Some of the Uses of Sulphuric Acid." The paper discussed by Drs. Moorehouse and McPhedran.

Dr. Hodge, London, presented three cases (a brother and two sisters) of Friedreich's Ataxia. Drs. Myers, McCallum, Mills, Arnott, Moorehouse and McPhedran took part in the discussion.

Other papers were read by Dr. McKeough, Chatham, on "The Prophylaxis and Treatment of Puerperal Eclampsia," and by Dr. McCallum, London, on "The Meaning of Motion." It was discussed by Dr. Mills.

#### EVENING SESSION.

Dr. Praeger, of Nanaimo, submitted the report of the committee appointed to look into the matter of interprovincial registration.

Dr. A. B. McCallum, Toronto, said they could not hope to see accomplished in their generation any such result as set forth in the motion. Medical education comes under provincial legislation. He admitted the desirability of some plan of interprovincial legislation, but thought that at present we are not ready for it. He thought that if the various councils and universities of Great Britain and the Dominion form a Council, which, after proper legislation, would recommend the standard in this or that subject to be raised, it would be easy to have the desired reciprocity.

On the motion of Dr. Cameron, seconded by Dr. H. A. McCallum, the report was tabled.

Dr. Wesley Mills, Montreal, read a paper on "Peculiar Forms of Sleep or Allied Conditions." He had secured a hibernating ground-hog, and had watched its habits carefully for four years. He had also paid attention to several peculiar cases of human lethargy, and cited the instance of a man who would lay in a comatose condition with brief intermissions to respond to nature's calls, during several months of the year, when he would awaken in the latter part of the spring active and vigorous. He also mentioned the case reported by Dr. Clarke, of Kingston. This person, an aged female, remained in a state of lethargy for thirteen years. The doctor held that the cases of the animal and the human being were analogous and were equally evidences of the hibernating principle.

Dr. McCallum, Toronto, said, it does not follow because a person sleeps long in the day, or for a month or year, that it is a case of hibernation. He did not know that he could accept Dr. Mills' theory that the cases cited were analogous.

Dr. H. A. McCallum, London, quoted Dr. Bucke's opinion, which is that sleep dates back to the tides, and that the child's sleep corresponds to the two periods of rest between the tides. Mr. Cameron regretted that Dr. Mills had been obliged to omit the latter part of his paper. He said it would have been interesting to hear a comparison between such various conditions as sleep, ordinary coma, the somnolent form of status epilepticus, etc.

Dr. Mills defended his position. The symptoms were analogous, and looking at it from an evolutionist's standpoint, it seemed to him the cases where phases of the same hibernating tendencies.

Dr. D. C. Meyers, Toronto, gave a paper on "Multiple Neuritis," Dr. R. A. Reeve, Toronto, on "Ophthalmic Memoranda." He referred to the progress made in ophthalmoscopy; and also in the treatment of trachoma, astigmatism, stricture of the lachrymal sac, etc. It was discussed by Dr. Osborne, Hamilton.

#### VOTES OF THANKS.

The President, Dr. Sheard, of Toronto, was asked to leave the chair, and his successor, Dr. Harrison, of Selkirk, took it. On motion of Dr. Praeger, seconded by Dr. H. A. McCallum, a vote of thanks was tendered the President Dr. Sheard, for the able manner in which the meeting of the Association had been conducted. Carried.

It was moved by Dr. Mills, seconded by Dr. Cameron, that a cordial vote of thanks be tendered to the profession of London for the royal reception that has been accorded to the Canadian Medical Association.

A vote of thanks was tendered the General Secretary (Dr. Birkett, of Montreal) for his untiring efforts in furthering the interests of the Association.

The twenty-sixth annual meeting was then brought to a close, and was among the most successful the Association has known.

The following is a list of the newly elected officers:

*President-Elect.*—T. T. S. Harrison, Selkirk, Ont.

*Vice-Presidents.*—Ontario, F. R. Eccles, London; Quebec, J. Stewart, Montreal; New Brunswick, J. Christie, St. John; Nova Scotia, W. S. Muir, Truro; Manitoba, R. Spencer, Brandon; North-West Territories, F. H. Mewburn, Lethbridge; Prince Edward Island, F. B. Taylor, Charlottetown; British Columbia, R. E. McKechnie, Nanaimo.

*General Secretary.*—F. N. G. Starr, Toronto.

*Local Secretaries.*—Ontario, I. Olmsted, Hamilton; Quebec, J. V. Anglin, Montreal; New Brunswick, M. McLaren, St. John; Nova Scotia, R. A. H. McKeen, Cow Bay; Manitoba, A. McDiarmid, Winnipeg; North-West Territories, — Calder, Medicine Hat; Prince Edward Island, — Johnston, Charlottetown; British Columbia, — Walker, New Westminster.

*Treasurer.*—H. B. Small, Ottawa.

#### LONDON MEDICAL SOCIETY.

A meeting of the London Medical Society was held on Monday evening, 11th inst., in the Lecture Hall of the Medical College, the President, Dr. Hodge, in the chair. After the transaction of some minor business, Dr. Wilson read his paper on "Pericious Anæmia" as follows:

*Mr. President and Gentlemen,*—The paper I would like to submit to you is on Progressive Anæmia. This disease was first separated from the other anæmias by Addison, by showing there existed in it none of the usual causes or concomitants of anæmia. Clinically there are several groups which present the characters of a progressive anæmia but are different. A fatal anæmia may be due to parasites, associated with atrophy of the stomach, may follow hæmorrhage, but when we exclude these there is still a general anæmia occurring without any discoverable causes in which there has been no loss of blood, exhausting diarrhoea, chlorosis, purpura, renal, splenic, miasmatic, glandular, strumous or malignant disease. It is a disease not uncommon in this country. It generally affects middle-aged persons; males are more frequently affected than females. Tumcke and Peters showed there was an enormous increase of iron in the liver, and suggested the affection was due to increased hæmoptysis; this has been supported by Hunter who has shown that the urine is darker in colour and contains urobilin in early stage. The lemon tint in the skin is attributed to the changes in the liver cells produced by the excessive amount of pigment. To explain the hæmoptysis it has been thought that in the condition of faulty intestinal digestion which is commonly associated with these cases, poisonous materials are developed, such as ptomaine, faecal matter, together with mucus in a degenerated state; in other words, a septic material absorbed which produces destruction of the red blood corpuscles.

#### SYMPTOMS.

In nearly all cases there is a history of gastrointestinal disturbance. The countenance gets pale, the whites of the eyes become pearly, the body flabby rather than wasted, the pulse large but soft and compressible occasionally with a slight jerk under excitement. Faintness or hurried breathing is produced on slight exertion, palpitation is



marked. Some slight œdema is perceived about the ankles. The bowels are costive, at other times relaxed, and have a very offensive odour. The skin in nearly all cases is of a lemon colour. The temperature varies from 100 F. to 104 F., at times; then may become normal for a week. Nervous symptoms may occur, such as numbness and tingling, wakeful nights with delirium and pain in the head. Various local hæmorrhages take place. The large vessels palpitate and cause a good deal of discomfort in the last stage.

#### DIAGNOSIS.

Increase in hæmoglobin, and the presence of the large forms of nucleated red blood corpuscles, also numerous pyriform ones, etc., severity of symptoms, offensive discharges from the bowels, lemon-coloured skin, together with leucin and tyrosin in the urine products of the decomposition of albumen; these latter, viz., leucin and tyrosin, are only found in acute yellow atrophy of the liver, variola, typhoid fever and pernicious anæmia.—(*Stewart.*)

#### PROGNOSIS.

From all the works that I have read the prognosis is looked upon as very bad; a large proportion of the cases have died, some have been apparently cured, and relapsed, while a small number have been permanently cured.

#### TREATMENT.

Now I come to the principal part, namely, treatment. The authors all give us a doubt about the cause, but I must say that from what little experience I have had, I am inclined to think the disease starts in the intestines, and the only success I have had has been in that line of treatment. My first experience with this disease was about five years ago. The patient, a female, had all the usual symptoms; I diagnosed the trouble early. Gave bismuth pepsin, with bitters before meals, and quinine, iron and strychnia after meals. The disease gradually progressed, when I called in a consultant; he advised me to change my treatment and give arsenic, first small doses, then gradually increase to fifteen drops, three times a day. I kept this up for three weeks; at that time the disease had progressed very much. I then simply treated symptoms and gave what relief I could until the patient died.

The treatment of the case I now relate to you has had a very different termination. Mrs. S., age forty-eight; has been poorly for eight months; can't say when or how the trouble started; says she felt tired after the least exertion; appetite not good; lost her rosy colour slowly; complexion began to get sallow; bad taste in the mouth in the morning; bowels inclined to be costive; headache at times; water dark in colour; sourness of the stomach and gaseous eructations; uncomfortable feeling over the bowels; face gradually got paler and lemon-colour appeared about the fifth month; began to get restless at night, and palpitation of the heart and shortness of breath. She consulted me March 13th. I found the usual symptoms of pernicious anæmia, but the temperature was normal; she was around the house, and could not be persuaded to go to bed. I ordered a purgative and gave bismuth pepsin, with bitters before meals and iron, arsenic and strychnine after meals; the disease gradually progressed until she was unable to rise in bed without faint spells; the stools were very offensive; nausea and vomiting; pulsation of all the large vessels; temperature 104 F., pulse 140; body swollen so that the face was not recognizable. I called in a consultant and he agreed with me in treatment, also in prognosis that it was only a matter of a few days. However, I did not feel satisfied and was determined to try the hints thrown out by Peters and Hunter, so I aimed my whole treatment at removing the cause and restoring the blood. I first washed out the bowels and gave bismuth, sulphuric acid and pepsin until the discharges from the bowels were normal, and as soon as the stools lost that offensive odour the temperature became normal and the pulse dropped down to 110. I then added Pizzala's digested iron after each meal, together with injections of defibrinated blood with salt and water in the following proportions: Defibrinated blood, half a cupful, with one teaspoonful of salt to half a cupful of warm water. This was injected night and morning. I continued this treatment for three weeks; at the end of that time the puffiness had all left the body; temperature remained normal and pulse fell to eighty-six per minute; appetite reappeared, all nervous symptoms disappeared. Four weeks after starting last treatment the skin resumed its normal colour. She is now eating, sleeping and feeling remarkably well,

and I think she will remain so as long as the digestive tract continues to act in a normal state.

#### DISCUSSION.

Dr. McCallum agrees with Dr. Wilson as to the cause but differs from the pathology of Hunter and Peters. He believes it is the same as any of the other forms of anæmia. The presence of iron in the liver in 1890 was diagnostic of the pernicious variety; in 1892, it was not. Dr. A. B. McCallum demonstrated that animals fed on iron died in coma. Ehrlich gives the giant red cell as the diagnostic sign. Organic disease must be excluded. In an anæmia, if the blood count was above a million and a half, it excluded pernicious anæmia. Leucin and tyrosin occur in the urine in many conditions. Foster says traces of both are normal, hence their presence is not diagnostic.

In the treatment naphthalin in fifteen-grain doses every three hours, and arsenic in large and increasing doses after meals gave the best results.

Dr. Barker said the diagnosis could be made as well from the clinical signs as by the use of the microscope.

Dr. Arnott, in regard to the ætiology, said if any cause was discoverable for the anæmia it was not pernicious. The real facts of the case are that the authors lead us everywhere. If we find a case with the symptoms of pernicious anæmia and recovery ensues, the diagnosis has been at fault. There is some cause in every case if it could be found out.

Dr. Hodge, referring to Dr. McCallum's statement that the presence of such diseases as cancer, Bright's disease, etc., would exclude pernicious anæmia, said that he took exception to him. He believed with Dr. Hunter that pernicious anæmia may co-exist with cancer, etc.; that it is due to a specific micro-organism acting under favourable circumstances in the gastro-intestinal tract producing a ptomaine, which, when absorbed into the blood, causes excessive destruction of the red blood corpuscles. The conditions favouring these changes are such as are met with in a disease like cancer. Referring to the treatment as carried out by Dr. Wilson in his case, he said he had had no experience with rectal injections of defibrinated blood, but he could not see in what way it would be

effectual. Arsenic, he believed, was the remedy in these cases, and required to be given in as large doses as the patient could bear.

Dr. Wilson in replying, again advocated the benefits to be derived from the injections of defibrinated blood.

---

### Correspondence.

---

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

---

#### DR. LOVETT'S OPINION.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

In the August number of the ONTARIO MEDICAL JOURNAL there was a letter from Dr. J. H. Sangster. In it he promises to give more in a future number. In the September number I read his article over carefully, expecting to see something. The whole affair seemed to be the language of a school-boy daring another to come on and fight. It is preposterous to think how a man can expect a public journal to occupy its space with what any reasonable man would call nonsense. The doctor promises the use of his pen and influence to correct abuses, etc. He really means, if possible, to break up the the present medical council. No doubt he would gladly return to the old state of affairs from which he has had so many favours.

Over thirty years ago, we first knew him, a teacher in the Hamilton schools, associated with Mr. J. McCallum. Mr. McCallum, with creditable industry, perseveres and graduates as B.A. at the Toronto University. Mr. J. H. Sangster jumps the fence, crosses the fields and arrives there in a very short time. We next met him as J. H. Sangster, A.M., *honoris causa*. I fail to see where ever after "science" has been benefited by the A.M. *honoris causa*. He becomes second and afterwards first master in the Normal School, Toronto. The many gentlemen and ladies who were teachers throughout the province of Upper Canada, and who attended that school, will bear testimony to the fact that no tyrant wielded his sceptre with better ability, kept afloat by the then existing government, who would see no wrong in the man.

Retaining his position in the Normal School and that of transplanting text books at a great profit and lecturer in chemistry in one of the medical

schools nigh Toronto. We next find him J. H. Sangster, M.D. Pray, during what year did he graduate as an M.D., and who were his classmates? Surely he was a *rara avis*. In those days many were not two years in the study of medicine bearing the signature of J. H. Sangster on their "sheep-skins." The present medical council has broken up a state of affairs in which J. H. Sangster lived, flourished and fattened—hence his tears.

When the first examination of the council was held at Kingston, the second day our man comes with the rules and regulations of the Normal School and tacks them before our noses, as if the whole crowd were a pack of rogues, yet most of us carrying in our pockets diplomas certified by men whose medical and social standing was sufficient to class us at least as gentlemen. That man's level is now what it should be and never should have been higher. Gladly would he arouse a party to give him a lift to become again a boss. Who ever heard of Dr. Sangster attending a meeting of any medical association, or writing a paper for them?

Some time before the last medical election, I urged the members of the South Waterloo Medical Association to bring out a man from our end of the division, not that I had any objection to Dr. Williams personally, but they knew of nothing to complain until they were aroused by Dr. Sangster & Co. That body afterwards sent a deputation to Toronto to assist in carrying an amendment to the Medical Act, as they called it, through the local House. One of this deputation told me afterwards that, had he known before he went down as much how matters stood as he did afterwards, he would never have gone. No doubt the many who signed the post cards acted in the same manner.

Yours, etc.,

WILLIAM LOVETT.

Ayr, Oct. 9th, 1893.

## THE MEDICAL COUNCIL ELECTIONS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—My attention has been to-day directed to a letter with the above caption, signed by J. P. Armour, and published in the *Empire* of the 3rd instant, in which the writer, whoever he is, has not only showered on to the entire Medical Council the

most malignant asperities, but he has singled me out for attack in a manner alike malicious, craven and disgraceful. Let me briefly reply to some of his statements. He says the Committee of the Legislature, to whom was referred the Medical Bill of last session, understood there would be an election for the Medical Council in the spring of 1894. I have excellent authority for saying that is not true. The Act of 1893 provides for an election in 1894, and that the term shall be four years in the future instead of five; but the distinct understanding of the Committee was that the members of the Council having been elected or appointed for five years or five annual sessions in 1890, were not to be dismissed by the new Act. Had there been any intention of curtailing the existence of the present Council, then the fact would have been stated that the four-years term applied to the body then existing, as legislators are not in the habit of allowing an "understanding" to usurp the place of clear enactment. It has *not* been customary, in either the Provincial or Federal Legislatures of Canada, to appeal to the electors soon after the redistribution of constituencies, and the custom has been nearly universal that the members elected for a specific period are allowed to retain their seats until the termination of that period. One example will suffice: The last redistribution of the constituencies for the Dominion Parliament took place over a year ago, and yet no appeal to the electors will occur for probably two years to come; and in the case of one member his constituency has been obliterated but he retains his seat without molestation or cavil. It must be remembered, however, the Federal Parliament is not enlightened by the brilliancy of Armour, Sangster & Co.

There will be an election for the Medical Council in 1894 according to the Act, but the chief reason for delaying the election until the autumn, is because the redistribution of the divisions is a veritable gerrymander, constituencies have been carved out unequal in size and without any reference to the natural or geographical boundaries, with the result that great dissatisfaction exists among the physicians, especially in eastern Ontario. At the next session of Parliament these inequalities may be altered, and a member of the Government is authority for saying the redistribution is only tentative, and the Government felt if any injustice



was done in the arrangement of the divisions, it could be rectified at the next session of the Legislature and before the election of the Council. The by-law, to be passed by the Council for holding the elections, can only be considered when the divisions have been finally adjusted—hence it is imperative that the regular annual meeting shall be held in June next to pass the necessary by-law to legally appoint the time for holding the elections. As for the member of the Council who is a non-resident of his division, his constituents are educated physicians, are satisfied with their representative, have never complained of his not residing in their midst, and hence it is surely a piece of gratuitous impertinence for Dr. Armour or anyone else to interfere on their behalf. Respecting the finances of the Council, the operation of the law of suspending members for non-payment of annual dues caused a large amount to be paid in, and enabled us to pay off the entire floating debt of \$12,000.00, and thus give relief to a heavy burden. It must be remembered, also, that all unpaid dues and those for 1893 and 1894, will be collectable by the new Council in the same manner, and therefore they form a present asset if necessary to use temporarily.

Now as to the statement that members of the Council have made excessive charges. This false assertion represents the malignancy which pervades the whole course of the so-called Defence Association. He states that members of the Council have rationed themselves to the extent of eight days for attendance on a five days' session. I deny this, but it is true that occasionally members have attended Committee meetings held a day or two previous to the meeting of the Council—arranged in that way to minimize expense—and thus the whole expenditure would be compiled into one bill at the end of the session. The sessions of the Council never last more than five days, and to properly finish their labours in that time the members frequently work from nine in the morning until twelve at night, and, if they were interested in the paltry emoluments, there would be no difficulty in allowing each session to continue ten days instead of five. As to the contemptible charge, that the profession could not get a detailed statement of the payments to members of the Council for their services, and when asked for was refused, it is totally untrue. The profession never asked for it

unless Drs. Armour and Sangster constitute *the profession*. When did the medical profession of Ontario ever authorize either of these gentlemen to write or speak for them? Neither the Council nor any member of the Council was ever asked for a return showing the payments to members, or it would have been given willingly; but the treasurer very properly refused information unless authorized to give such by the Council.

Lastly as to statements in reference to the Legislative Committee of the Council of 1891. At the various meetings of this Committee there was invariably a quorum, but a few of the members attended more regularly than others. We had been entrusted by the Council to secure certain necessary improvements in the Medical Act, and not only was it necessary to carefully prepare the bill, but also to arrange the facts and data showing the necessity for the changes required, before the measure was introduced to the Legislature. Thus arranged, the proposed Act was placed before the Premier and the members of the Government on several occasions, but all this, with the natural delays and adjournments, consumed considerable time. The only part of the Bill, as finally passed, which received opposition from influential quarters was the first clause, and that was to amend section 19 of the Medical Act by leaving out the words "or any student having matriculated," and thus give the Council control over the standard of matriculation, which previous to this we did not have. This was the particular part of the Bill more especially under my charge, and, through Dr. A. McKay and other medical members of the Legislature, this right was secured against very considerable opposition. The first regular meeting of the Committee was held on the 19th, 20th, 21st and 22nd of March, 1891, and my account for this was paid by the Treasurer's cheque on the 18th of April following. The next meeting of the Committee occurred on the 13th of April, and lasted, with an adjournment for a day, until the 24th of April. This really consumed twelve days of my time in council work, and two trips to and from Ottawa, and the Treasurer's cheque was received for this meeting on the 24th of April. The bill was for ten days' attendance, ten days' hotel allowance and travelling expenses. Between the 23rd of March and the 13th of April I made two trips to Toronto and gave several days

of my time in connection with the Bill, but for which I made no charge whatever. If J. P. Armour, who has thus proven himself such a prince of veracity, such a righteous investigator, had enquired of Dr. Pyne, the Registrar, he would have secured these facts, but careless of truth and manly decency he has maliciously maligned me by twisting a parliamentary return and drawing conclusions from it which no honourable and fair-minded man would.

Respecting your correspondent's scurrilous insinuation that I used a couple of champagne suppers to influence the vote on the Bill, the very grossness of the insult to not only me but to the members of the Legislature renders it beneath contempt; but if he will abandon insinuation and specify a charge of this character I shall offer him an opportunity of proof with startling celerity. There are only two courses open to him in the matter, either make a plain specific statement or apologize, if he has any courage or respect for himself as a gentleman.

No public body is so perfect but what it may be improved by intelligent, fair and honest criticism, but when any man descends to licentious fault-finding, making false and misleading assertions, then we must conclude his object is to destroy; and I appeal to the members of the medical profession throughout Ontario to be on the alert and guard their interest, for nothing can be plainer than if the object of the active members of the Defence Association is not to destroy the Ontario Medical Council and the Ontario Medical Act, then the tendency of their conduct is the destruction of these.

Yours, etc.,

A. F. ROGERS.

Ottawa, Oct. 12th, 1893.

### THE TORONTO "MAIL" AND THE MEDICAL COUNCIL.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

DEAR SIR,—At the last meeting of the Medical Council the opinion was expressed that some answer should be given to the editorial articles of the *Toronto Mail*, in criticism of the actions of that body. In accordance with that view, I wrote a brief letter in reply to one of the first articles appearing in the *Mail* after our adjournment.

This letter was published, with comments. These comments I tried to answer under date of July 20th. That letter never appeared. After waiting several weeks, I inquired of the publisher the cause of its non-appearance; and, in course of time, was informed that it must have gone astray, as they knew nothing of it. As it was mailed in a sealed envelope, with my printed address on the outside, and the usual request to return if not delivered, it is not unreasonable to suppose that it was duly delivered at the *Mail* office, and got astray in that building. I suppose the Council will hold me excused from writing letters to a newspaper whose correspondence goes astray in this manner. But, as I kept a copy of my letter you may perhaps find room for it.

CL. T. C.

*To the Editor of the Mail.*

SIR,—Your notice of my letter appearing in your issue of the 7th seems to invite the reply I send. You say you accept my assurance that the action of the Council, in the case of Dr. McCully, was in accordance with the precedent established in the case of Dr. Washington and others, and in the same paragraph repeat your former assertion that the leniency in one case was in marked contrast with the severity in the other. That is, you accept my assurance that we followed the same line of procedure in both cases, and yet declare the two cases were in marked contrast. While you do not deny that both men were, under similar circumstances, treated exactly alike, yet because one was disciplined on the repetition of an offence which the other has not repeated, you renew your former assertion that they were not treated alike. Do you really think this is a fair mode of argument. Or is it a specimen of that "good Anglo-Saxon" which you say I do not understand?

Having thus tried to wriggle out of a situation which I supposed you would frankly accept, you call my attention to certain misstatements which you think I made, in charging you with criticizing the profession, and in calling the Council the representative body of the profession. One answer applies to both. The Council is, and always has been, a representative body. Of its twenty-six members, seventeen are elected by the registered physicians of the province; and four are appointed by medical colleges; only the remaining five repre-

sent simply educational institutions. Does not that make it a representative body? Further, the actions of the Council which appear most obnoxious to you and your correspondents were initiated by the territorial representatives, and unanimously supported by them. Does this not prove that the actions of the Council were those of a representative body, and strictly of the elected representatives in the body? Now, when you criticize the conduct of the elected representatives you criticize the medical profession—the electorate which has chosen these representatives, and which still supports them.

You have no proof to offer of your assertion that a large section of the profession now repudiates the Council. Prior to the session of the Legislature in 1892, after a vigorous canvass on the part of a few dissatisfied physicians, they secured about four hundred signatures to a petition against the Council. A number of the signers, to my personal knowledge, have withdrawn their names; and after a year spent in inquiring into the sentiments of their constituents, the territorial representatives now confidently assert that the Council has the support of the great mass of the profession. It is true the astounding statement was made some time ago, that more than half the physicians were opposed to the Council, and were members of the so-called Defence Association. But, like many other statements from the same source, its extravagance was its own contradiction.

Nor did the Legislature stamp the claim of the Council to be a representative body as “spurious” by any action taken last session. Are you aware of the fact that the bill, as passed, instead of granting the changes in the composition of the Council asked for by its promoters, actually gave less than the Council was willing to accept? Last year the Legislative Committee of the Council expressed its willingness for an increase of five territorial representatives, and for the disfranchisement of all corporations that neither taught medicine nor granted degrees. The Legislature added the five territorial representatives; but at the same time retained all the collegiate representatives, including those the Council was willing to drop. In fact, while the Council was opposed on principle to any change in the Act until the profession could have an opportunity to pronounce on the questions

at issue, yet there was not a clause of any importance in the bill, as passed, to which the majority of the Council would, or did, object—unless it might be the gerrymandering of the constituencies. Let me correct another error into which you have fallen. You say your correspondents had “vainly endeavoured to sting the Council into a reply” to the charges made; that the Council “remained dumb as an oyster.” Are you really ignorant of the fact that the charges brought against the Council were answered in the addresses of President Williams before the Ontario Medical Association and the Medical Council; in the discussions of the Council at its 1892 session, and in articles in medical journals; all of which were sent to every member of the profession in Ontario? The Council may have failed to use your columns; but it availed itself of methods of reaching the profession which your columns could not provide.

In conclusion, you accuse me of “insinuating” that some of your correspondents were inspired by personal grievances; and you call on me to rise above cowardly inuendo, and say what I mean. I have no desire, and had no intention of hiding behind inuendoes. I advised you, in discussing medical questions, to “familiarize yourself with the facts, instead of following the lead of any disgruntled correspondent who may air his personal grievances in your columns.” I repeat the advice, and supplement it with the plain and emphatic statement that all your medical correspondents whose lucubrations I have seen were inspired by a personal grievance. That grievance arose out of the action of the Council in securing legislation intended to make these gentlemen pay their long overdue debts. All other complaints centred around this one. Some of these gentlemen had been members of the Council, and employees of the Council in past years. They had willingly taken all the money out of the Council treasury they could get; but had carefully abstained from paying in the dues they owed, and which were no more than their neighbours paid. Year after year they allowed the Council to pursue the course they now denounce, and never uttered a word of criticism. Election after election was held, and they never took the field against the Council, nor endeavoured to secure the defeat of any of those men who, they now say, so vilely misrepresented them. If the



Council were extravagant, unjust, corrupt or foolish, they condoned every offence, and winked at every folly. So far as concerned any grievance the profession might have suffered, they were "dumb as oysters." It was only when they had a personal grievance—only when they were required to pay what they owed—that they became so vociferously indignant. With these gentlemen I have no controversy. They can bring their charges against the representatives they elected, or allowed to be elected. They can attack them at the next election, if their courage exceeds their discretion; and the men they have been abusing will doubtless be ready to meet them. But when a public journal, which should have no interest in the domestic disputes of any profession, save in so far as justice is concerned, gives currency to misstatements concerning the body over which I preside, I intend to make as emphatic denial of such false charges as my knowledge of the English language will allow.

Yours, etc.,

CL. T. CAMPBELL,

*President Medical Council.*

London, July 20th, 1893.

#### PHYSICIANS AND "CONTRACTS."

*To the Editor of ONTARIO MEDICAL JOURNAL.*

DEAR SIR,—In the July number of the JOURNAL, Dr. Angus McKinnon, of Guelph, wrote a vigorous denunciation of the "contract" system, under which physicians serve societies and companies for a bare nominal fee; and in the September number of the same journal we find an excellent contribution from the pen of Dr. John Philp, of Listowel, in which he ably comments on Dr. McKinnon's letter, and exposes what he terms the "flippant impudence and gratuitous insult" of Dr. Oronhyatekha, who did not meet the arguments of Dr. McKinnon logically, as he should have done, but indulged in language that was inadequate to the subject and discreditable to the author.

Now, the sentiments of the letters of Drs. Philp and McKinnon are worthy of our candid and cordial approval, and every member of the medical profession will readily endorse them, with the exception of the ambitious and most worthy Dr. Oronhyatekha.

If I am informed rightly, the fathers and breth-

ren of medicine in the past disdained to sacrifice at this unworthy altar; then why should we, living in the full light of the last decade of the nineteenth century, approach the unhallowed shrine?

I think it is proper that regular insurance companies should employ any physician in whom they have confidence, to examine applicants at a certain fee, for here the matter stops. But it is different with the contract physicians of societies and companies. If the examinations were all, there would be no room for complaint, but the dollar contract to supply members with advice and attendance, is an interference with the liberty of the subject.

Societies and companies have no right to dictate in the matter of physicians' fees; it is not for them to fix a tariff for a certain part of the community, while another part is subject to other charges, and the practitioner who accepts such an office has no faith in the trifling remuneration. He expects rather the patronage of members' families at regular professional fees. He makes the public believe that he undervalues the science of medicine, as old as the infirmities of mankind and as far-reaching as the decrease of our mortality. A knowledge of medicine is not thus cheaply acquired, but is rather purchased with the toiling years of faithful application, when the heart throbs with intensity at the mighty problems of diagnosis and therapeutics.

Lodge members, as a rule, are not in need of free medical attendance, nor do they ask it; they are more independent than that. They recognize merit and ability; they ask no man to throw these requisites away in free medical attendance, for they know that he, too, must earn his bread by the sweat of his brow. They are, moreover, men who try to make both ends meet, and they grasp the problem of life with an earnestness that never grows weary in the various activities of manual and mental enterprise. To serve them thus cheaply, for one dollar or so a year, is not the charity of medicine. It seeks, rather, the poor and unfortunate of the world, disabled in body or deranged in mind. It hounds no man to inquisitorial torture because he cannot pay a fee. The faithful physician, like the priests of the Latin Church, thinks no obstacle too great to prevent him from reaching the couch of the suffering. Hours of midnight, toilsome roads, inclement seasons, risk

of infection and even death do not deter him from bedsides whose occupants are known to be in the most destitute circumstances. The world looks for no more. It does not respect the man who works cheaply with one hand that, with the ambition of Crassus, he may grasp gold with the other.

Dr. Oronhyatekha knows full well that he has not replied to the letter of Dr. McKinnon, whose living depends on medicine and surgery alone. We expected more of him—a man of scholarship in medical and classical literature.

Now, this sad evil should engage the attention of the Council of the College of Physicians and Surgeons of Ontario. Let medical men discuss it carefully, and they will conclude that the evil must be discountenanced.

Merit and industry alone are worthy of effort. They are within the possibilities of all. They will have their reward, for they are as eternal as the laws of right and truth. Belonging to the great medical profession, let us be honest with ourselves. Let the impostors, the "calculators," the "quacks" and the "fakirs" do the mean things. Let us maintain inviolate the sacred traditions of that noble body of whom the Divine Teacher himself was the greatest representative.

O. McCULLOUGH.

Erin, Oct. 11th, 1893.

---

### Book Notices.

---

About October 15th, a Medical Directory of the State of Connecticut will be issued by the Danbury Medical Printing Co., of Danbury, Conn. It will contain a list of all the medical practitioners of the state, the various medical societies, all the dentists and dental societies, druggist and pharmaceutical societies, nurses and training schools for nurses, hospitals, etc. Price \$1, delivered free by post.

---

*A new Illustrated Dictionary of Medicine, Biology, and Collateral Sciences.*

Dr. George M. Gould, already well known as the editor of two small medical dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years.

The feature that will attract immediate attention

is the large number of fine illustrations that have been included, many of which have been drawn and engraved especially for the work.

The chief point, however, upon which the editor relies for the success of his book is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration, and logical groupings of each word are given. There has never been such a gathering of new words from the living literature of the day.

The latest method of spelling certain terms, as adopted by various scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of to-day, and the omission of which in any work aiming to be complete would make it unreliable as an exhaustive work of reference.

The publishers announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book.

---

*Anatomy, Descriptive and Surgical.* By HENRY GRAY, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. PICKERING PICK, F.R.C.S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1,100 pages, with 635 large engravings. Price with illustrations in colours: Cloth, \$7.00; leather, \$8.00. Price with illustrations in black: Cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Brothers & Co. 1893.

---

*Public School Physiology and Temperance.* By WILLIAM NATTRESS, M.D., M.R.C.S., Eng., First Class Provincial Certificate, Grade A. Authorized by the Education Department (Ontario). Toronto: William Briggs, Wesley Buildings, 29 to 33 Richmond St. West.

We extend our hearty congratulations to our fellow-citizen upon entering the ranks of Canadian authors. The chief difficulties to be surmounted in a book of this character are the avoidance of

technical terms and minute details. Dr. Nattress has succeeded admirably in this particular, and the book is eminently adapted for the use of school children.

In the first chapter the student is given a general idea of the human body, and in the next three chapters a more complete account of the different structures of the body, with hygienic hints with regard to the same which cannot fail to be of value. Digestion, circulation and respiration are taken up in the next three chapters in a short and simple form.

Chapters eight and nine deal with the nervous system and the special senses, and chapter ten contains practical and very useful advice on what to do in emergencies; fractures, hæmorrhages, drowning, etc., etc., being also dealt with. Physical exercise is taken up in chapter eleven.

A common sense view of temperance runs through the whole book, the evil effects of alcohol and tobacco upon the body being fully explained.

---

*A Text-book of Ophthalmology.* By WM. F. NORRIS, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, and one of the surgeons to the Wills Eye Hospital, Philadelphia, and CHARLES D. OLIVER, A.M., M.D., one of the surgeons to the Wills Eye Hospital, Philadelphia, and one of the ophthalmic surgeons to the Presbyterian Hospital, Philadelphia. Illustrated with five colored plates and 357 wood-cuts. Publishers: Lea Brothers & Co., Philadelphia.

This extensive and valuable work is divided into two parts, according to the work taken up by the different authors. Dr. Oliver confines his work to the embryology, anatomy, physiology and optics, with methods of examination of the eye, and determination of errors of refraction and accommodation. The chapters on physiology and optics are specially strong, giving the reader a very complete view of the subject.

On the other hand, Dr. Norris writes entirely on diseases proper of the eye and its surroundings. The portion of his work on operations of the eye is clear and very extensive, giving all the modern methods in their various connections. We would have expected a larger description of instruments which would be of value to students, but it seems capacious to complain at all of such an excellent

treatise as the publication before us. The plates and wood-cuts are clear and very trustworthy, and greatly aid as an explanation to the text.

In addition, there is a first-class page of test types and a full index. To students and practitioners looking for a new and exhaustive work on so important a specialty, this book can be strongly recommended.

---

#### PAMPHLETS RECEIVED.

(1) *Spelling of Some Medical Words*; (2) *Meaning and Method of Life*; (3) *The Duty of the Community to Medical Science*; (4) *Temporary Change in the Axis of Astigmatism*; (5) *The Medical Press*; (6) *Pernicious Influence of Albinism Upon the Eye*. By G. M. GOULD, A.M., M.D., Philadelphia.

---

### AN EPITOME

OF

### CURRENT MEDICAL LITERATURE.

---

#### MEDICINE.

**A Means of Relief in Hay Fever.**—The capriciousness of hay fever and the occasional relief obtained from an entirely empirical method of treatment warrant the publication of any means which has proved successful, in the hope that it may be of use to some other person afflicted with this annoying and disabling disease.

Ferber, of Hamburg, reports his own case which had been so severe as to necessitate his using a closed carriage all through the summer. His relief was brought about from accidentally noticing that in the winter a coryza was usually accompanied with hot ears which regained their normal temperature when the discharge from the nose was established. He determined to try a reversed order of effect on the hay fever in the summer, and began accordingly to rub his ears until they became red and hot.

It is now the third year that he has been able to lead an endurable existence during the hay fever season. "As soon as the least sensation of fullness in the nose appears, there is recognized a certain amount of pallor in the ears. A thorough rubbing of the ears, at times even to contusion,



has always succeeded in freeing the nasal mucous membrane from its congestion. The rubbing, however, must be *thorough* and repeated as often as the least symptom of congestion returns to the nose. Since using this means I have been able to take long sandy walks, sit and even sleep with open windows or pass the evening in my garden without distress. Several patients have had the same relief from this treatment, always in proportion to the thoroughness of the rubbing, and I hope by this means some other physician may be able to give his patients the same great relief."—*Boston Medical and Surgical Journal*.

**Creasote in Consumption.**—The conclusions are as follows:

1. Creasote, when pure, is harmless.
2. It has no direct action upon the tubercle bacillus.
3. Tuberculosis pulmonum is chiefly a secondary infection by a streptococcus.
4. Creasote has no direct action upon this streptococcus; hence none whatever upon hectic fever.
5. It destroys lower organisms, especially those which produce fermentation, without affecting the process of digestion.
6. Hence the virtue of creasote, which is undeniable in most cases, is chiefly, but not wholly, upon nutrition.—JAMES T. WHITAKER, M.D., in *Therapeutic Gazette*.

**A Case of Scarlet Fever, with Infective Endocarditis (Fatal on the Thirteenth Day).**—E. P., aged 7, was admitted on June 12th, 1893. Child had previously enjoyed good health: no history of rheumatism. She had vomiting and sore throat on June 8th. On admission, scarlatinal rash was well developed; throat swollen, and showed patches of exudation; temperature, 102°. Heart normal; lungs normal; urine contained no albumen. During the next four days the temperature varied between 102° and 103°, and the throat was much inflamed.

June 17 (five days after admission) a systolic bruit became audible at the apex of the heart. Rash had completely disappeared.

June 18. The systolic bruit was very loud. Some increase of the cardiac dulness to the left; no pericardial friction; no rheumatic pains in

joints; urine, faint trace of albumen; no rigours temperature 103°.

June 19. Child had become very pale, and was delirious at times. Pulse 200; respiration 48. Temperature 101°.

June 20. The systolic bruit was very loud, and was conducted to the axilla. Apex of heart was in the sixth space, and half an inch outside the nipple line. Pulse 200. Vomited several times. Lungs resonant; some moist rales. Spleen reached the costal margin. Urine; faint cloud of albumen. Temperature 102°.

June 21. Child much weaker; very pale; pulse very small, and frequent. Child died at 10 p.m.

*Post Mortem.*—Pericardium contained 1 oz. of clear fluid; no evidence of pericarditis. Heart: left ventricle much dilated; cardiac muscle very soft and pale; mitral orifice admitted three fingers. The mitral valve showed very numerous vegetations on its auricular surfaces. There was no ulceration of the edges of the valves, and no destruction of tissue. The aortic valves were healthy. Right side of heart dilated; no endocarditis. Lungs: showed some hypostatic congestion; no pneumonia. Spleen: enlarged and very soft. Kidneys: pale, otherwise apparently healthy; no microscopical examination was made.

Two days before death cultivations were obtained of a drop of blood, obtained by pricking the finger, the skin and instruments used having previously been sterilized. On the third day small white dots were seen on the gelatine, and soon an abundant growth was observed. Microscopically, the organism was the streptococcus pyogenes.

After death cultivations were made from the vegetations on the mitral valve; these showed abundant growth of staphylococcus pyogenes and also strepto-cocci, as obtained from the blood.

The infective endocarditis set up by these organisms may be of the ulcerating, or of the verrucose type as found in this case. These micro-cocci are frequently found in the mucus of the throat and in the saliva of healthy individuals, and are always present in the inflamed throat of scarlet fever. It is probable that the organisms entered the general circulation from the inflamed throat, and that they were actively concerned in the production of the endocarditis. It is possible that in this case a

previous attack of endocarditis had injured the mitral valve, and so afforded a nidus for the organisms circulating in the blood. There was nothing, however, in the previous history or in the post-mortem appearances to point to such an attack.

Infective endocarditis occurring in the course of scarlet fever is very rare. Out of 1,500 cases treated at this hospital, no previous case has been observed.—ARNOLD W. W. LEA, M.D., B.S., in *Manchester Medical Chronicle*.

### How to Ascertain a Twin Pregnancy.—

It is best done by abdominal palpation and auscultation.

In twin conception, on uncovering the woman's abdomen, one can at once notice the considerable dimensions of the uterus, the irregularity of its shape, a depression, even a sulcus, crossing obliquely the abdominal walls.

This sulcus is always present when the two fœtuses are lying obliquely above the other, as generally happens. But it does not exist when the fœtuses are one in front of the other.

By abdominal palpation, the diagnosis is easy in the first instance, but difficult in the other instance.

At any rate, palpation at once reveals the great volume of the uterus and its irregular shape. But its tension, on account of a greater amount of amniotic fluid, renders the diagnosis more difficult, as the fœtal parts are not so well defined.

By palpation it can be ascertained that in twin pregnancy the large fœtal tumors are double; for instance, one head can be found near the superior strait, the other at the fundus of the uterus; and one back, in an oblique and inferior direction.

In other instances, there may be found two breeches, two backs, and only one head in one of the iliac fossæ; the other head, being concealed in the excavation, can be found by the vaginal touch only. This is a very delicate point in obstetric diagnosis.

*Auscultation* will generally much assist in ascertaining the beat of two hearts at different points.—*Boisliniere, American Gynecological Journal*.

**Tapeworm.**—Dr. Duhomeau (*Med. Nieuigkeiten*, No. 22, 1893) finds the addition of chloroform to greatly increase the efficacy of extract of male fern. This is of practical value, as grave symptoms of

poisoning have been observed after the ingestion of large doses of male fern. He speaks highly of the following:

R Etheral extr. male fern .... gms. 1.2  
(gtts. xvijj).  
Chloroform ..... gms. 3.6  
(gtts. l).  
Castor oil ..... gms. 4.8  
(5j).  
Croton oil. .... gtt. 1.2

Sufficient for one treatment.

—*Lancet-Clinic*.

**Therapeutics of Damiana.**—The therapeutics of damiana seems to have progressed from the merely empirical stage to a point where it can be prescribed with something like scientific accuracy. Though slower in action, it is analogous to strychnia in effect, but more tonic than the latter. On the bowels it acts to promote increased peristalsis, causing one or two mushy stools per day, and it is an effective remedy in the habitual constipation of neurotic subjects, especially of those who are victims of sexual perversion. Increased diuresis follows its use, and many cases of irritable bladder and urethra are very greatly benefited by it. On the heart, also, it acts as a tonic sedative, equal, in some cases of functional disturbance, to *Cactus Grandiflorus*. From the above résumé, it is plain why damiana has proven so efficacious in cases of nerve-exhaustion resulting from sexual excesses, and why, far from being a direct stimulant of erotic desires, it has been found to act as a sedative to abnormal sexual appetite. In short, it is not a "specific," but its so-called specific action is but the result of its general tonic effect.—*Cleveland Medical Journal*.

### Two Cases of Cocaine Susceptibility.—

No. 1. Young man, florid, stoutly built, healthy and robust, farmer. Operation for stricture of lachrymal duct. Had used about one-half of the contents of small dropper, which held about thirty-five drops of four per cent. cocaine solution. While waiting a moment, attention was called to the patient by his drawing a deep, sighing respiration, then falling to the floor in a dead faint. Gave half glass of whiskey, and in a few moments he recovered, but was in a dazed condition for half an hour.

No. 2. Young lady, actress, delicate, anæmic looking girl, suffering from an attack of acute tonsillitis. Sprayed about fifteen drops of a two per cent. solution on tonsils and pharynx, preparatory to the application of a thirty-grain solution of nitrate of silver to the tonsils. Patient immediately suffered great distress, evinced by difficulty of breathing, and said she felt that she was "smothering to death." Gave her a glass of sherry, and made application to tonsils.

She appeared to get all right, but upon walking to waiting room fell in a faint. Gave another glass of sherry, bathed face with ice water, and in a few moments she recovered sufficiently to go home, but was quite ill and nervous for eight or ten hours afterwards.—GEORGE BROWN, in *Atlanta Medical and Surgical Journal*.

**The Therapeutic Value of Methyl Chloride.**—After noting the literature of this remedy Dr. Hertmann (*Therapeutische Monatshefte* April, 1893) relates his own experiments in its use, tabulating twenty-nine cases. In fifteen cases of sciatica, three improved; there were two failures and ten cures. Three case of inter-costal neuralgia, two of pleuro-dynia, and one case each of lumbago and coccygodynia were cured. Four cases of rheumatism, partly of long standing, were cured.

The chloride of methyl is sprayed upon the diseased limbs. Having frequently used it during the year, Hertmann believes it will be a valuable aid in the treatment of neuralgia and other painful diseases.—*Therapeutic Gazette*.

**Paternal Transmissibility of Tuberculosis.**—Dr. John M. Keating, in an excellent paper before the American Pediatric Society in May, 1893, on "Plausibility of the Direct Transmission of Tuberculosis to the Fœtus from either Parent," concludes as follows:

1. Unrecognized genital tuberculosis in women without pulmonary disease is not uncommon.
2. A tuberculous mother can transmit the disease to her offspring in utero.
3. Tuberculosis is apparently at times confined to the generative organs of women, probably with greater frequency than we now recognize.
4. Bacilli or their spores can be conveyed by means of seminal secretion to women when no

apparent tubercular lesion is present in the male generative organs.

5. Women may, and often do, escape tuberculosis when transmitted in this way, and even when evidence exists of tuberculosis of the male generative organs.

6. Is it not possible for the father to transmit his disease directly to the fœtus, the mother not proving a fertile soil, and, if so, is it not possible for this inheritance to become latent in the child, only to manifest itself when accident or environment tends to bring it into activity? And can we not go still further and assert that the bacillus or its spores, inherited from either parent, may be carried into another generation, and either become manifest in glandular affections, joint troubles or even finally in pulmonary disease?—*Times and Register*.

**Diagnosis of Kidney and Heart Diseases.**  
—Jas. Tyson, M.D., in his paper on "Heart Disease and Kidney Disease," draws the following conclusions:

#### CHRONIC PARENCHYMATOUS NEPHRITIS.

Urine scanty and high-coloured: high specific gravity; highly albuminous.

Numerous granular, dark granular or fatty casts. Much dropsy.

No mitral systolic murmur.

As a rule no hypertrophy of left ventricle, which may, however, be present at times.

No enlargement of liver.

No signs or symptoms of arterio-capillary fibrosis.

No retinitis albuminuria.

No history of gout.

Seldom a history of rheumatism; more frequent of infectious disease.

Uræmia infrequent.

Partial response to treatment.

#### CHRONIC INTERSTITIAL NEPHRITIS.

##### LAST STAGES.

Urine though scanty is still light-hued, and has low specific gravity; moderately or slightly albuminous.

Few casts and these hyaline or slightly granular. Often no casts.



Little dropsy as a rule, though when heart fails, dropsy may be marked.

No mitral murmur.

Always marked hypertrophy of left ventricle, except in persons feeble and cachetic at the outset ; this without aortic murmur.

No enlargement of liver.

Symptoms and signs of arterio-capillary fibrosis may be present.

Retinitis albuminuria may be present.

History of gout, lead poisoning, or free eating and drinking.

No history of rheumatism or infectious disease.

Uræmia frequent.

Doubtful response to treatment.

#### MITRAL DISEASE.

Urine scanty and high-coloured ; high specific gravity ; moderately or slightly albuminous ; rarely highly albuminous.

Few casts, hyaline or slightly granular.

Much dropsy ; effusion into serous sacs.

Mitral murmur.

Moderate hypertrophy of left ventricle ; hypertrophy of right ventricle.

Enlarged and tender liver.

No arterio-capillary fibrosis.

No retinitis albuminuria.

Seldom a history of gout, alcoholism, or free eating and drinking.

Probably history of rheumatism or infectious disease.

No uræmia.

Generally prompt response to treatment.—*Med. and Surg. Reporter.*

**Creasote Carbonate (Creasotal).**—Creasote carbonate contains over ninety per cent. of the purest beechwood creasote in chemical combination with carbonic acid. It is a clear, absolutely neutral, oily liquid, free from the unpleasant odour and burning taste of creasote.

It is insoluble in water, but soluble in four or five parts of cod liver oil or olive oil. Its action is not caustic and irritating to the mucous membrane of the digestive organs, like that of creasote, as it has no effect upon the same.

Creasote carbonate, compared with creasote, is non-poisonous to such a degree that it can be dis-

pensed as a pure undiluted substance by the teaspoonfuls, and thus it will perfectly agree with the most sensitive patients.

According to Prof. Sommerbrodt, the more creasote one can tolerate, the better its effect. Since creasote can be borne better in no other form than that of creasote carbonate, this is the ideal creasote preparation for phthisical patients.

One of the first effects of this drug is the return of an increasing appetite, and a consequent gain of strength ; furthermore, the cough diminishes perceptibly in frequency, and at last a healing process in the lungs is observed. The weight of the patient increases in proportion, sometimes at an enormous rate.—*American Druggist.*

**Herpes Labialis.**—This boy, aged about four years, has as you observe at once, a swelling under the jaw and sores about the mouth. The father says the sores about the mouth have been present seven or eight days, and the glandular swellings under the jaw on each side have been present three or four days. There is no eruption anywhere excepting that about the mouth, which extends somewhat down the chin. The scabs or serous exudates are almost transparent, and their appearance is very much like that of eczema, only that in herpes the vesicles are smaller, closer together, and the surface beneath is redder. There is some liquid beneath the scab or dried serum. There is no odour to the breath.

It is probable the boy had a fever from some cause or other ; it may be he had only a catarrhal fever, and in consequence developed labial herpes. Very likely there were some herpetic spots in the mouth, but with or without that, the glands under the jaw became infected and swelled. It is generally a very active fever with healthy circulation which throws out herpetic vesicles, and when the old practitioners of the past century saw herpes come out during an acute inflammatory disease they made a good prognosis. And there was considerable reason for it. When, for instance, you meet with a case of pneumonia and the circulation is active, herpetic eruption is very apt to make its appearance. Herpes is decidedly a neurotic affection, and is generally recognized as such in "zoster." But these cases which are not so-called zoster proper, are of the same nature. Very probably this boy

is over the disease now which caused the herpes ; he had, presumably, a severe "cold" or catarrhal fever.

What would you do for the boy now, when the danger is simply from scratching and keeping the sores irritated and open, and thus also keeping up irritation and a swollen condition of the lymph bodies which finally might result in permanent hypertrophy or so-called "scrofulous glands?" "Apply some soothing ointment, like oxide of zinc, and keep the boy's hands off of it." Yes, keeping the hands off is more important than applying the ointment. To apply the ointment before the scabs have been renewed or have disappeared would be of little value. Remove the scabs with warm water or oil; then apply the ointment and keep the hands off. Do we need to do anything for the glands? "I think the swelling will disappear spontaneously." Yes, after the herpes disappears.—A. JACOB, M.D., in *Archives of Pediatrics*.

**Cholera Infantum.**—On last Saturday night I was requested to see a child, aged nineteen months, which presented a perfect typical picture of cholera infantum. A bright, handsome, well-nourished boy in health, he was now shrivelled and old-looking, from his ten hours of agonizing suffering and from the frightful loss through the characteristic discharges of this disease. Apparently he had but a few hours to live. I at once gave, in the form of dosimetric preparations, thorough intestinal antiseptics. I gave every fifteen minutes a tablet containing sulpho-carbolate of zinc,  $\frac{1}{4}$  grain; sub-nitrate of bismuth,  $\frac{1}{2}$  grain; and pepsin, 1-67 grain, and at the same time a granule, in addition, of sulpho-carbolate of zinc,  $\frac{1}{6}$  grain. I ordered to be given, *after every choleraic passage*, a thorough irrigation of the colon by means of a copious enema, rendered antiseptic by a compound thymoline tablet, containing the above-mentioned zinc salt combined with other excellent antiseptics. I allowed the patient to freely assuage his raging thirst with cold water, made quite acid with lemon juice. The patient began improving.

I also dissolved a granule containing 1-20 grain of sulphate of morphine and 1-500 grain of sulphate of atropine in twelve teaspoonfuls of water, and ordered a teaspoonful every hour for the nervous erethism and to restore the peripheral circulation,

not more than three doses to be given within a very short time. By five o'clock in the morning the choleraic symptoms had subsided—vomiting and purging completely checked—and the little one was quietly sleeping, with the returning colour in its lips, and the natural warmth of health in the hands and feet, which before were cold and shrivelled. A good feeding of white of egg beaten up in cold water, salted to taste, when the patient awoke, with directions to renew the treatment at once if there should appear symptoms of a fresh outbreak, completed the treatment. Within twenty-four hours from the time treatment was commenced, the little one was playing with his toys, and could with difficulty be restrained from running around. The cure has remained permanent.—J. J. TAYLOR, in *Times and Register*, August 5, 1893.

**Infection.**—The period of infectiousness of contagious diseases, according to the State Health Board of Pennsylvania, is:

Small-pox—Six weeks from the commencement of the disease, if every scab has fallen off.

Chicken-pox—Three weeks from the commencement of the disease, if every scab has fallen off.

Scarlet Fever—Six weeks from the commencement of the disease, if the peeling has ceased and there is no sore nose.

Diphtheria—Six weeks from the commencement of the disease, if sore throat and other signs of the disease have disappeared.

Measles—Three weeks from the commencement of the disease, if all rash and the cough has ceased.

Mumps—Three weeks from the commencement of the disease, if all swelling has subsided.

Typhus—Four weeks from the commencement of the disease, if strength is re-established.

Typhoid—Six weeks from the commencement of the disease, if strength is re-established.

Whooping Cough—Six weeks from the commencement of the disease, if all cough has ceased.

Under judicious treatment the period of infectiousness may be considerably shortened, but no child suffering as above should be admitted to any school after a shorter period of absence, and then should be provided with a medical certificate, that he or she is not liable to communicate the disease.

Length of Quarantine.—Teachers or children

who have been exposed to infection from any of the following diseases may safely be re-admitted to the school, if they remain in good health (and have taken proper means for disinfection) after the following periods of quarantine :

Diphtheria, 12 days ; scarlet fever, 14 days ; small-pox, 18 days ; measles, 18 days ; chicken-pox, 18 days ; mumps, 24 days ; whooping-cough, 21 days.

Adults may be re-admitted immediately, if they disinfect their clothes and persons.—*Maryland Med. Jour.*

#### Sweating Feet.—Kaposi recommends :

R Naphthol.....gr. lxxv.

Glycerin .....ʒiiss.

Alcohol.....ʒiij.

℞. Wash the feet night and morning with the above mixture. Then use as a dusting-powder :

R Pulv. naphthol.....ʒss.

Amyl. pulv.....ʒiij.

#### Mechanical Treatment of Chronic Rheumatism.—Dr. C. O. Walbridge recommends

mechanical means, including calisthenics with its healthful exercise of body and limbs, to break up existing adhesions, to smooth the roughened articular cartilages, strengthen the contracted tendons and nerve tissues, and restore the joint to its former suppleness—first, by a process of stroking and kneading in a centripetal direction, stimulating the lymphatics and venous currents and surrounding tissues to greater activity, carrying the lymph with greater rapidity toward the centre. By these means the lymphatics and circulating system are stimulated, setting up changes in the nutrition, causing healthy activity in the parts. In cases where there is perceptible defective nutrition, constitutional remedies with dietetic medication must be employed. The primary effects are upon the joints, muscles and nerves. In the joints, stiffness, adhesions, and contracted tendons are broken up and got into a proper condition for absorption. The secondary effects are produced upon the circulation and lymphatic system. The muscles and nerves are surely elongated, heat must necessarily be evolved by the manipulations changing the molecules of the muscles from an inactive to an active state, causing internal work, setting up molecular changes in all of the surrounding tissues.

The waste material is carried away by increased action of the lymph and circulation, and new nourishment is more readily carried to all parts, feeding them and enlivening the whole organism.—*The Dietetic Gazette*, 1892.

**Sciatica.**—"In any obstinate sciatica where I can exclude spinal-cord disease, constitutional states, tumours, etc., I put my case in bed. Then I give cod liver oil, iron at need, full diet, and milk between meals. A long flannel bandage is put on at once rather tightly from the foot to the groin, and renewed twice a day. At the side of the limb a long splint is secured by a few turns of bandage. The splint should reach from axilla to ankle, the knee being bent a little, the heel secured from pressure. The splint and bandage are kept in place two to four weeks, night and day ; daily, when these are removed, the leg is slowly and very moderately flexed and extended. The treatment is in constant use at the Infirmary for Nervous Disease. If it fails, it is usually because the malady is at first, or has become, spinal. The *rationale* of its use is, I think, clear: 1. The flannel bandage lessens the blood in the leg. 2. It protects the whole skin surface from the excitation of contacts. 3. The enforced immobility makes all motion impossible, and so the two uses of the nerve cease. It is in splint, and we get physiological rest. Since I have used the bandage the cumbersome use of ice along the nerve-track is less often required. At the close of the treatment, massage used with extreme care may hurry the recovery."—DR. S. WEIR MITCHELL in *College and Clinical Record*.

**Recovery from Pneumothorax**—Klemperer (*Deut. med. Woch.*, June 22nd, 1893), at a meeting of the Berlin Medical Society, showed a man, aged 21, who had recovered from pneumothorax. He had been a costermonger for a year and a half, and was the subject of an obstinate laryngitis as a result of his shrill cries. He had previously enjoyed good health, and on November 18th, 1892, he got up feeling as well as ever, and went out to buy some new goods. As he was walking he felt a stitch in the left side of his chest, walked a couple of steps farther with great difficulty, and then fell down unconscious. When brought



to the hospital, dyspnoea and cyanosis were both very marked; the right side of the thorax was moving at the rate of 72 per minute, while the left side was motionless, and all the typical signs of pneumothorax were detected. There was no history of phthisis, nor were there any physical signs of it, therefore it was supposed that the effect of the street crying had been to produce emphysema, and that the rupture of an emphysematous lung produced what Leyden calls a "simple pneumothorax." The patient was kept absolutely quiet in bed, and by the middle of the second week faint vesicular breathing could be heard on the left side. He got out of bed on December 3rd, for the first time after the accident, and left the hospital three weeks after his admission, with the breath sounds as nearly as possible equal on the two sides.—*British Medical Journal*.

**The Early Diagnosis of Chronic Nephritis.**—For many years M. Dieulafoy (*Lancet*, No. 3643, p. 1542) has sought to emphasize the importance of divers symptoms which, though often apparently trivial, are none the less significant of the existence of that very common malady, chronic nephritis. To these symptoms he has given the name of *petite urémie* or Brightism. He regards albuminuria as an unreliable symptom of chronic nephritis. Of sixty cases under treatment in his wards during recent years, albuminuria was absent in one-fourth. That nephritis really existed was proved in several instances *post mortem*. In another series of cases albumin disappeared in spite of the continued evolution of the disease. Some patients are albuminuric without being nephritic. Amongst the symptoms of nephritis, M. Dieulafoy mentions auditory troubles. These consist in whistling or more sonorous noises in one or both ears, the causes being multiple (edema, paralysis of the acoustic nerve, variations in pressure). The frequency of these noises may be judged of when it is stated that they were present in thirty-four out of sixty cases. Menière's vertigo was frequently complained of (thirteen times in sixty). Asphyxia of the extremities, first described by Maurice Raynaud, is one of the commonest symptoms of chronic nephritis. This begins as formication of the hands or fingers, and then the tips of the latter become bloodless, pale, and numb.

This dead-finger symptom is found in all the forms and in all the stages of chronic nephritis. Itching, without possessing the same importance as the foregoing, is sometimes very severe. Frequency of micturition is well known as a symptom of the disease. To this symptom M. Dieulafoy has given the name of pollakiuria, to distinguish it from polyuria; many nephritics, in fact, urinating ten or twelve times a day without voiding a quantity above the normal. Cryesthesia (*Κρυος*=cold), or sensitiveness to cold, is a minor symptom of nephritis. It is generally confined to the lower extremities. Cramps, especially nocturnal, in the calves of the legs are sometimes severe enough to wake the patient. Epistaxis, chiefly occurring in the morning, is often significant. Electriform shocks must also be counted in this category. At the moment of falling asleep, or during sleep, the patient is aroused by a single violent shock, recalling the effects of an electric discharge. The temporal sign is frequent. Here the temporal artery is distended, dilated and tortuous, without being atheromatous. This is, of course, due to high arterial tension. The foregoing symptoms, if associated in any one individual, are, according to M. Dieulafoy, sufficient to warrant the diagnosis of chronic nephritis. He is convinced that many persons apparently healthy are in reality nephritic. A confirmation of this diagnosis will frequently be found in the good effects of an exclusive milk-diet, which causes the disappearance of these seemingly insignificant troubles. M. Dieulafoy has also applied another test—viz., the degree of toxicity of the urine passed by patients affected with chronic nephritis. He finds that this secretion has in such cases lost a portion of its toxic properties.—*Medical Progress*.

**Venous Aneurysm.**—(*Brit. Med. Jour*, 1893, i. 233.) Dr. Pitt exhibited before the Pathological Society of London, a specimen of arterio-venous aneurysm between the left common iliac vein. The heart was dilated and hypertrophied, and this he attributed to the increased pressure in the venous system from the direct passage of arterial blood into the inferior cava. The case was that of a boy who was struck with the shaft of a cart in the left groin. The leg was cedematous, and the collateral veins, especially those of the penis, dilated. In

answer to the President, Dr. Pitt thought that, although the artery was probably damaged by the injury, the chief damage was inflicted on the vein.—*Archives of Pediatrics*.

**Convulsions.**—"It is also true that, now and then, there are slight muscular twitchings; and now and then, when the child is half asleep, the eyes will roll. There may even be slight twitchings of the extremities. There is sleeplessness, but we must not forget that peripheral irritability increases from the fifth to the ninth month considerably, and that the inhibitory centres do not perform all their functions as in the adult. Thus it is even possible that, now and then, a convulsion will occur, but so far as I am concerned, I have not seen convulsions dependent upon difficult dentition in the course of the last ten years."—A. JACOBI, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis).

**The Treatment of Constipation and some Affections of the Bowels with Large Enemas of Oil.**—Professor Fleischer thinks that atonic and spastic constipation are too often treated without discrimination. He regards oil as the best article to use in the treatment of spastic constipation. For a grown person from thirteen and a-half to seventeen fluid ounces should be given as an enema, the patient lying on his back with a stiff cushion, from eight to ten inches high, under the pelvis. The oil should be warmed and allowed to flow into the bowel slowly at slight pressure.

Professor Fleischer does not expect a single enema of oil to suffice, but has it repeated on several succeeding days. Sometimes the oil acts upon the cæcum the second day, but more frequently not until the third day or later. This maximum having been reached, the oil enemas need no longer be used daily, and the quantity of oil used may be reduced to one-half.

The quality and chemical preparation of the oils are so varied that care must be taken to make use of as pure and clean an oil as possible. Either pure olive oil or poppy or sesame oil may be used.

The action of the oil on the large bowel may be briefly summed up:

1. Softening and loosening the fæces.
2. Quieting and non-irritating, but after a long stay in the bowel,
3. Exerting peristalsis and evacuation.
4. Preventing absorption.—*Therapeutic Gazette*.

## SURGERY.

**Thiol.**—In skin troubles the powder is used as an absorbent upon moist surfaces. It may be beneficially spread upon the surface in acute eczema, in cases where vesicles have ruptured and discharged their contents, or where, as sometimes happens, the epidermis has been rapidly exfoliated, leaving exposed a raw and exuding corium. After the bullæ have been opened or have spontaneously ruptured, thiol forms a good dressing in pemphigus. In the erythematous and bullous varieties of burns, thiol also constitutes a good dressing, relieving the heat of the surface in the former, and taking up the discharge in the latter form. Thiol-powder is a good local application in erysipelas, especially in those cases where vesicles or bullæ develop. This itching and burning of erythema multiforme are alleviated by sprinkling the surface with thiol-powder. A ten per cent. watery solution of thiol painted twice daily upon the affected surface has been found very useful in herpes zoster by Professor Schwimmer. The same authority reports especially good results in dermatitis herpetiformis from the use of a ten per cent. solution of thiol. The solution has likewise proved effective in the treatment of papular and pustular eczema, acne and rosacea.—Shoemaker, *Medical Bulletin*.

**The Radical Cure of Hernia by Implantation of Bone.**—Thiriar, in *Le Mercredi Médical*, May 24th, 1893, describes his method of radical cure for hernia by the implantation of a decalcified plate of bone. After carefully isolating the sac to above the internal ring, he then ligates and resects it. On being released the stump disappears within the abdomen. Between the peritoneum and abdominal wall a plate of decalcified bone is inserted; this is well held in place by the sutures which pass through the edges of the orifice and unite the pillars. The size of this plate is larger than that of the opening, and varies from three to five centimetres long, the same in breadth, and eight to twelve millimetres in thickness. The canal is sutured shut with catgut, and then the skin drainage being put in if desired. The author states that he has practised the operation twenty-five times in the past eight months, and as yet has had no relapses, and this notwithstanding he has done

it in the worst of cases. In one of his earlier cases the plate was discharged in fifteen days, having been reduced about one-third in size. The patient, nevertheless, was cured, and remains so. The author claims that as the plate disappears, it is gradually replaced by cicatricial or strong fibrous tissue that effectually plugs the opening and prevents recurrence.—*University Med. Magazine.*

**Cases Showing Power of Lysol as an Antiseptic.**—Case 1. I. J. W., a switchman, had his left hand caught in the draw-bars and completely crushed, requiring amputation of a part of the hand. Being desirous to save all of the hand that could possibly be saved, I was guided by the bone injury rather than the contusion to the soft part. The shattered fragments of the little and ring fingers were removed, together with about one-half of their corresponding metacarpal bones, and the soft parts made to cover the wound as far as possible in their bruised condition, the whole being washed with ten per cent. solution of lysol, and dressed with gauze saturated in a twenty per

cent. solution of the same. This dressing was allowed to remain nine days, and when removed the parts were found to be perfectly aseptic, notwithstanding the extensive necrosis of the contused soft parts, which was dry and hard even up to the time of separation from the living tissue. The dressing was renewed, and the hand dressed each alternate day until the patient was discharged with good use of the remainder of his hand, thus enabling him to resume his occupation.

I have had equally good results in burns where there was deep destruction of tissue.

Case 2. Was called by a brother physician to see Mrs. B., who gave a history of miscarriage at three months, some five days previous. Upon examination found temperature 104° F.; pulse 120, and considerable delirium, while the discharge from the vagina was extremely offensive. With a dull curette we removed a considerable quantity of placental tissue, irrigated the uterus with a ten per cent. solution of lysol, and then, with an applicator wrapped with absorbent cotton, we swabbed the interior of the uterus with

[OVER.]

## THE TRUSTS CORPORATION OF ONTARIO.

OFFICES AND SAFE DEPOSIT VAULTS:

**BANK OF COMMERCE BUILDING, KING ST., TORONTO.**

Authorized Capital,	-	-	\$1,000,000.
Capital Subscribed,	-	-	\$800,000.

### DIRECTORS:

HON. J. C. AIKINS, P.C., Toronto, *President.*

HON. SIR R. J. CARTWRIGHT, K.C.M.G., Kingston, } *Vice-Presidents.*

HON. S. C. WOOD, Toronto,

J. L. BLAIKIE, Esq., Toronto,  
*President Canada Landed & N. Inv. Co.*

WM. COOKE, Esq., Toronto.

HON. C. F. FRASER, M.P.P., Brockville,  
*Minister of Public Works, Prov. of Ont.*

HON. J. R. GOWAN, Barrie,  
*Senator of Canada.*

WM. HENDRIE, Esq., Hamilton,  
*Director Canada Life Assurance Co.*

J. J. KENNY, Esq., Toronto,  
*Managing Director West'n Assurance Co.*

G. W. KIELY, Esq., Toronto,  
*President Toronto Street Railway.*

M. LEGGAT, Esq., Hamilton,  
*President Landed Banking & Loan Co.*

ALEX. MANNING, Esq., Toronto.

WILMOT D. MATTHEWS, Esq., Toronto,  
*Director C. P. Ry. and Dominion Bank.*

J. H. PLUMMER, Esq., Toronto,  
*Assistant General Manager Canada Bank of Commerce.*

HUGH RYAN, Esq., Toronto,  
*Director Imperial Bank of Canada.*

JOHN STUART, Esq., Hamilton,  
*President Bank of Hamilton.*

J. TURNBULL, Esq., Hamilton,  
*Cashier Bank of Hamilton.*

The Corporation is accepted by the High Court of Justice as a TRUSTS COMPANY, under the approval of the Ontario Government, and is authorized to act as **Executor, Administrator in case of intestacy, or with will annexed. Trustee under deed, will, court appointment or substitution. Receiver, Committee of Lunatics, and Custodian of the Estates and Properties of Lunatics. Guardian of Children,** also as **Agent for Executors, Trustees** and others, thus relieving them from onerous, and oftentimes disagreeable duties.

The Corporation also acts as **Agent** in financial business of all kinds—Collecting of Rents, Income, etc., Issue and Countersigning Bonds, Debentures, etc.

Our Deposit Vaults are absolutely secure and every convenience provided for the storing of valuables of all kinds at small expense. Wills appointing the Corporation as Executor are received for safe custody, free of charge.

The employment of the Corporation will be found prompt and economical. Solicitors placing business with it, are continued in the legal work thereof.

**A. E. PLUMMER, MANAGER.**



lysol, full strength; the temperature dropped to normal in two days, and the patient made an uninterrupted recovery.—E. P. MURDOCH, M.D., in *The American Therapist*.

**Tuberculosis of the Prostate.**—Marmedel concludes that one-third of all cases of tuberculosis of the prostate develop insidiously. In the remaining cases the first symptoms are those of vesical and prostate catarrh.

Later there is purulent flow, sometimes spermatorrhœa, bloody diarrhœa, and abscess formation. The disease rarely appears in the prostate alone, the bladder, seminal vesicles and testicles also being involved.

The treatment should consist of intravesical injections of iodoform, later of perineal incisions of abscesses and even of prostatotomy.—*Therapeutic Gazette*.

**Drainage of Empyæma.**—"As to drainage, though in some cases where the chest is very full of fluid, the intercostal spaces may be widened and bulging, yet often this is not so, and the ribs are so

close together that it is difficult to get a tube into the chest, and when inserted it is liable to be nipped by presence of the ribs. In such cases the ribs should be pushed apart with dressing forceps, and a rigid tube, such as a silver or vulcanite tracheotomy tube, employed."

Though the above is sanctioned by such experienced authorities as Ashby and Wright (page 225, "Diseases of Children," 2d Ed.), I cannot allow several of their statements to go unchallenged.

In a personal experience, which comprises at least a hundred cases of empyæma in children (including four, in which both sides were involved), I have not found the difficulty referred to above in inserting the tubes because of the close approximation of the ribs. It is true my cases were nearly all acute, that is, of not longer duration than six weeks to two months. I have repeatedly demonstrated the fact that a rubber tube of the diameter of three-eighths to one-half inch could readily be introduced in the eighth intercostal space posteriorly on a line with the angle of the scapula, in a child eleven months old.

A rigid tube of metal or hard rubber is not

[OVER.]

## A MOST VALUABLE TONIC IN CONVALESCENCE

# WYETH'S BEEF, WINE AND IRON.

A QUARTER of a century has almost elapsed since Messrs. Wyeth & Bro. first introduced to the attention of the medical profession, the preparation known as Beef, Wine and Iron, and although claiming no proprietorship in the name, its excellent therapeutic properties have commanded an increasing sale from year to year. The remarkable success achieved is due to the fact that, when properly prepared, it combines in a high degree, the properties of a Nutrient, Stimulant and Tonic. To render it efficacious, the Beef Essence entering into its composition must be prepared with intelligence and care. Discretion is requisite in selecting the Sherry Wine, and the two must be combined with the Iron in such a manner that the latter will be held in solution, all of which can be successfully accomplished only by means of an extensive plant such as that which they possess.

Beef, Wine and Iron as they prepare it, is substantially a universal tonic, and will be found available in nearly all debilitated conditions. Pure Sherry Wine and Fresh Beef being used, it is entirely free from the disagreeable taste and odour characteristic of those products made from the extract of beef.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Wine and Iron, properly prepared, has proven more uniformly beneficial than any combination we have ever known.



## CAUTION.

WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some "not over scrupulous" Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It is therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine, in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

**DAVIS & LAWRENCE CO., LTD.** MONTREAL, CANADA  
SOLE AGENTS.

necessary. Though the rubber may be nipped at first, it will be found that in a very short time the bone in the immediate vicinity will be absorbed and a groove be formed, in which the drainage tube rests without its calibre being infringed in any way. The process is similar to the erosion of the bone, caused by the presence of an aneurism in close proximity.

Later on, as the ribs become more closely approximated, bony offshoots will be thrown off on either side of the sinus and the tract passes through an osseous ring. Numerous cases of this character are reported in literature, and I have met with the condition in several cases of resection of ribs for the closure of a sinus in chronic empyema in which incision and drainage had been resorted to months before.—F. HUBER, M.D., in *Archives of Pediatrics*.

**Occlusion of Steno's Duct by Salivary Calculi—Operation and Cure.**—John A. Wyeth (*Med. Rec.*) reports the patient, a female, aged six years, had a large painful tumour on the right cheek, which greatly disfigured her face.

Careful palpation under chloroform did not detach any calculi, and suspecting a lymphangidma, the tumour was incised from the outside. Five spherical calculi, varying in diameter from one-sixteenth to one-eighth of an inch, were found blocked in Steno's duct. This was incised and the stones removed. The external wound was carefully united by silk sutures, and an exit for the saliva established through the mucous membrane. The patient made a perfect recovery.

The second case was a boy, who as sequelæ of scarlet fever had an occlusion of Steno's duct by stricture and salivary fistula beneath the ear. The stricture was found by dissection, the duct divided just at the proximal side of the obstruction, and the end carried into the mouth and stitched to the mucous membrane of the buccal wall. In this case the flow of saliva into the mouth was reestablished, and the fistula closed by freshening the edges and sutured.—*Archives of Pediatrics*.

**Eczema in Infant.**—G. R., a well-nourished boy baby of six months was brought to me on

[OVER.

---

When you prescribe an Emulsion of Cod Liver Oil you should prescribe the best.

## SEVEN REASONS WHY

# SLOCUM'S OXYGENIZED EMULSION

Meets all the requirements of a perfect Emulsion. •

- 1st. Because of the absolute purity of the ingredients used.
- 2nd. Because it is carefully and accurately prepared.
- 3rd. Because it is perfectly free from disagreeable taste and odour.
- 4th. Because of its fitness for immediate absorption.
- 5th. Because it retains permanently all its qualities.
- 6th. Because it contains no Hypophosphites of Lime and Soda.
- 7th. Because the price is as low as is consistent with merit.

---

IT IS THE ONLY ABSOLUTELY PURE EMULSION MANUFACTURED.

## T. A. SLOCUM & CO.,

186 ADELAIDE ST. WEST,

Sample of Slocum's Oxygenized Emulsion delivered free to any Physician in Canada with our Fever Temperature Charts.

**TORONTO, ONT.**

October 6, 1890, for advice in regard to an eruption upon the palms and soles, which began during the summer months preceding, and remained more or less constant up to the time of observation. The baby's health was very good, he received only the breast, and the bowels were regular. The mother was well and her functions were all regularly performed.

The mother stated that at times there would be a little irritation about the buttocks and anus, but not enough to give any trouble.

Upon the palms and soles and along the sides of the feet were peculiar circular rings of eruption, and here and there little patches covered with adherent crusts, the skin between was healthy. The eruption disappeared in a very short time under the use of the following ointment :

R Acidi carbolici..... gr. ii.  
Bismuth subnit..... ʒss.  
Unguent. hydrarg. ammoniat... ʒss.  
Unguent. aquæ rosæ .....ad ʒi.

℞

—L. D. BULKLEY, in *Archives of Pediatrics*.

**Burns.**—A doctor who had the painful task of dressing some of the wounds caused by the late dreadful fire in the Cold Storage building on the World's Fair grounds, has this to say about the treatment of burns in general :

"Burns are always painful, but the most painful ones are not the most dangerous. A circumscribed deep burn is less dangerous than a superficial burn covering an extensive surface. The rule in burns and scalds is to exclude the air as soon as possible. This is generally more readily accomplished by wrapping the burned part with gauze or cotton soaked in oil. Cloths wrung out of a solution of 'baking soda' or boric acid are said to relieve the pain promptly. A dressing of flour can usually be obtained at once, and answers as a temporary dressing.

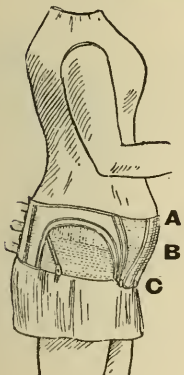
"The dressing should be allowed to remain on as long as possible. All blisters should be pricked and their fluid contents allowed to escape. Burned fingers should not be allowed to touch each other.

"In the treatment of any burn the utmost cleanliness should be observed. Maturation from burns is no more necessary than from any other wound.

|OVER.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

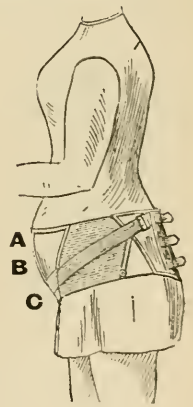


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. **Once used, would not be without it for many times its cost.**

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. L. PICKERING

BOX 149,

BRANTFORD,

ONTARIO.



They should be dressed antiseptically. This can be easily accomplished by having the oil used, slightly carbolized. Carbolized or iodoform or bichloride gauze should be used."—*Pacific Record*.

**Separation of the Lower Femoral Epiphysis.**—Mayo Robson (*Annals of Surgery*, vol. xviii., No. 1, July, 1893), after referring to the scant attention paid to this subject in the text-books, gives cases to illustrate this condition. Extreme direct violence is usually the cause. The displacement depends on the direction of the violence, but also on the attachment or otherwise of the gastrocnemius tendon to the lower end of the upper fragment. The shortening, the projection of the lower end of the diaphysis in the popliteal space, the displacement of the epiphysis on to the front of the femur, and the interference with the circulation, together with the cause of the injury and the age of the patient, form a group of symptoms pathognomonic of this fracture. Robson advises first reduction under an anæsthetic, which might be facilitated by division of the tendo Achillis; after reduction, either the long splint with weight

and pulley or the double inclined plane might be employed. Should reduction be impossible, then excision might be practised; but if the large vessels be ruptured or gangrene occur amputation is the only resource.—*British Medical Journal*.

#### MIDWIFERY.

**The Treatment of Post-Partum Hemorrhage.**—Herman (*Revue Médico-Chirurgicale des Maladies des Femmes*, Aug. 15, 1893) states that compression of the vessels is the most rational means of arresting post-partum hemorrhage. As preventative means the following considerations should be borne in mind: To render assistance if the uterus is inactive; to pay most minute attention to the details of the third portion of delivery. As treatment he advises massage of the uterus, with the hand placed upon the abdomen. If this is not successful, the introduction of the hand into the uterus to prove conclusively that it is perfectly empty. Finally, injections of hot water within the uterine cavity. If these means fail, persistent bimanual compression of the uterus should be

[OVER.]

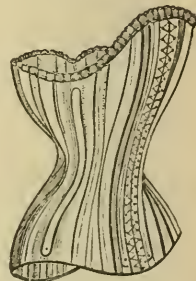
## MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:



"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen**. It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS  
WRITE OR CALL



Specially adapted for  
Stout Ladies.

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

made, assisted in its action by putting the infant to the breast. Injections of iron solution are dangerous, because they may cause death by distention of the uterus, peritonitis, or septicaemia. The introduction of iodoform gauze is not without its disadvantages; sometimes it is a means of allowing air to enter the veins, and it always prevents normal contraction of the uterus.—*College and Clinical Record.*

**Shoulder Presentation in Primipara with Case.**—On the 13th of November last, I was called in great haste to see Miss E. When I arrived I found two physicians in attendance. On examination the head of the child was resting in the left sacral iliac junction with the right arm and hand prolapsed at the vulva. Impaction strong; the mother badly prostrated and weak. She had been in labour about twenty hours, under care and guidance of a midwife. Her physicians had been unable to return the arm or turn the child, deliver and relieve the woman. The child was dead. The womb had long since been drained of its waters and contracted closely about the body of the child,

which rendered it impracticable to return the arm bring down the feet and deliver the child without great danger of uterine laceration or fatal contusion of the parts of the mother, and of failure to succeed in effecting the version. A fourth physician came to our assistance. The woman was so weak and prostrated that we decided that the only mode of procedure left us was to amputate the arm, eviscerate the chest and abdomen, then deliver. After the surgical operation of amputating the arm, eviscerating the chest and abdomen of the child, the two practitioners first in charge of the case returned to their homes to get other instruments. The woman's strength had failed to an alarming extent, and it began to look like she certainly would die without relief, for we had done everything to sustain her strength in the way of giving her spirits vini gallici. We then gave her fluid extract of ergot in teaspoonful doses every thirty minutes, and after taking the third dose her pains grew stronger, at which time another practitioner came to our assistance, and by the use of the blunt hook we delivered her of the remains of a male child. The mother, after protracted cardiac trouble, made

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

**T**HERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon **SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES** to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. **SCOTT'S EMULSION** remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.

a fair recovery.—JAS. C. PEARSON, in *Medical and Surgical Reporter*.

sults in cases of migraine, hemicrania and sleeplessness. It is a benediction for those suffering with habitual headache."

---

### Personals.

---

Dr. Olmsted has resigned the medical superintendence of Hamilton General Hospital, to go on the staff of University of Pennsylvania.

Dr. Bergin, M.P., representative on the Medical Council for the St. Lawrence and Eastern Division, having sufficiently recovered from his late illness, spent a few days in Toronto last week.

Frank S. Parsons, M.D., now occupies the editorial chair of the *Times and Register*, vice William F. Waugh, M.D., who has so long and so ably conducted this paper. Dr. Waugh still retains his connection as manager.

Dr. W. E. Pratt, of Buckingham, C.H., Va., writes:—"I give aloin with antikamnia when there is constipation or inaction of the liver. Ergot in combination with antikamnia in menorrhagia, has relieved promptly."

Never give stimulants in a case of profuse hæmorrhage. The faint feeling, or irresistible inclination to lie down, is nature's own method of circumventing the danger, by quieting the circulation and lessening the expulsive force of the heart, thus favouring the formation of clot at the site of injury.  
—*Clinique*.

---

### Miscellaneous.

---

J. A. Brien, M.D., of St. Alexander, Canada, says: "I have used antikamnia with the best re-

CHRONIC ENDOMETRITIS: CURED BY IATROL.  
—Dr. C. S. Parkhill writes: "It gives me great pleasure to report the very favourable results

[OVER.

---

The following is from one of the oldest and most successful Druggists in Toronto, HUGH MILLER, Esq., Justice of the Peace, who is well and favourably known throughout Ontario.

TORONTO, NOVEMBER 24, 1884.

CHARLES CLUTHE, Esq.

DEAR SIR,—After an experience of over forty years, during which time we have dealt in all the principal improved makes of trusses, we have much pleasure in testifying that we find your patent SPIRAL SPRING TRUSS to be far in advance of all other kinds. Our experience has also taught us that the importance of having the trues properly applied, in the first instance, is so necessary that we shall in future advise our customers to apply to you personally when requiring an appliance of this kind, so that their case may have your personal attention and advice; and for that reason we will discontinue keeping trusses on hand, notwithstanding the loss we will occasion ourselves thereby, for our confidence in your appliance is so great, that we feel we will be acting to the advantage of the public in so doing.

Yours truly,

HUGH MILLER & CO.

---

## CHARLES CLUTHE,

134 KING ST. WEST,  
TORONTO, ONTARIO.

Send for Price List of Surgical Instruments, Dressings, Etc.



obtained by me from the use of iatrol in chronic endometritis of the os, with granulations, attended with bleeding on touch, and albuminous discharge. My treatment was as follows:

"First wiped out with absorbent cotton until hemorrhage ceased, and albuminous discharge was removed. I then applied iatrol with a powder-blower, directed the use of a hot douche, night and morning, and a tampon of equal parts boroglyceride (C.P. Co.) and glycerine, each night. Tampon was removed each morning and nothing used during the day. This treatment was employed twice a week and resulted in a surprisingly quick cure. I have also used iatrol in indolent ulcers on leg with much success. I have found iatrol superior in its results to aristol and consider it the best anti-septic dressing I have ever used."

Liebig says: "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly considered and kept in view as the ultimate and

most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have

[OVER.



## Surgical Instruments, Dressings and Supplies.

PRINCIPAL AGENTS IN CANADA FOR THE

J. Elwood Lee Co., and Seabury and Johnson's

## DRESSINGS, ETC.

MANUFACTURER OF . . . . .

Trusses and  
Orthopædic  
Instruments.

## CHARLES CLUTHE,

Surgical Instrument Maker,

134 King Street West,  
TORONTO, CANADA.

besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the fæces after taking *Morse's Diastase*.

Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

## Obituary.

Dr. G. Niemeier, an old resident of the village of Neustadt, Ont., has died at the age of 72 years. He is a graduate of 1848 of the University of Wurgburg, Bavaria, and has practised medicine in Ontario for almost half a century.

Dr. T. A. Ferguson, who has been practising in Parkdale for a little over four years, died at his residence, Macdonell Avenue, on the 13th inst. He was the son of the late John Ferguson, of Her Majesty's Customs, Toronto, being born thirty-two years ago, in South Simcoe. He attended Upper Canada College and Toronto University for a time, but on account of ill-health he quit studying, and turned to commercial life. He returned to his first love, however, and graduated M.B. in Toronto University in 1889. He married two years ago, his widow and one child surviving him. He was an active church worker, a strong society man—belonging to many orders—and a good Conservative. He was interred at Cookstown, on the 16th inst.

[OVER.]

# The LYMAN BROS. & CO. (Ltd).

## CHLOROFORM

PURE. Lyman's S. G. 149.

AND

## ETHER SULPHURIC

PURE. Lyman's S. G. 725.

### FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late Dr. J. H. McCollum says of our CHLOROFORM, "that during the nearly fifty years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by **The LYMAN BROS. & CO., Ltd.**, was administered to about *one thousand* annually, and in no case had we fatality from it. *I have also used it for thirteen years in private practice.*"

Dr. T. G. Johnston, *Sarnia*, says: "For the last six or seven years I have used no other Chloroform than that manufactured by **The LYMAN BROS. & CO., Ltd.**, both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

### WE CLAIM THE FOLLOWING ADVANTAGES

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

Dr. C. O'Reilly, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by **The LYMAN BROS. & CO., Ltd.**, has been extensively used for anæsthetical purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

Dr. James F. W. Ross says: "I have overcome my former prejudice against Ether, but **The LYMAN BROS. & CO., Ltd.** are now supplying an article put up in  $\frac{1}{4}$  and  $\frac{1}{2}$  lb. tin equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

### WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

(When ordering, specify **LYMAN BROS.**)

## The LYMAN BROS. & CO. (Ltd.) = TORONTO.

# WYETH'S RED GUM LOZENGES.

ASTRINGENT, STYPTIC and ANTISEPTIC.

It has been a matter of surprise to us that the use of Red Gum has been so limited among physicians of the United States and Canada; in Great Britain and on the continent it is largely prescribed with most flattering results, while in Australia it is used to the exclusion of almost every other vegetable astringent.

Red Gum is the resinous exudation from the bark of the Eucalyptus Rostrata found in Western Australia. In the form of a Lozenge, it is admirably adapted and effective as a remedy in all cases of relaxed Uvula, inflamed Mucous Membranes and Bronchial Tubes, ulcerated Sore Mouth and Gums. and its local action as an astringent, styptic and antiseptic, is most marked; its peculiar styptic effect upon all mucous surfaces, particularly the fauces, deadens the sensibilities, thus sheathing and producing a soothing, calmative effect, lessening the tendency to cough and relieving the soreness. We know of no Lozenge or combination that Messrs. Wyeth have heretofore placed before the profession that has so many elements of merit, or is so effective in its action.

DOSE.—A Lozenge to be allowed to dissolve slowly in the mouth every two or three hours, or two or three may be taken in succession if the cough is severe and irritating.

Put up in Boxes Containing 50 each.

## DAVIS & LAWRENCE CO. LIMITED, MONTREAL.

SOLE AGENTS FOR CANADA.

## FELLOWS' HYPO-PHOS-PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

### To the Medical Profession of Canada . . . .

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are found upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.
- SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.
- THIRD.—Its agreeable flavour and convenient form as a Syrup.
- FOURTH.—Its harmlessness under prolonged use.
- FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

Prepared by **JAS. I. FELLOWS, CHEMIST.**

Offices and Laboratories: St. Antoine St., Montreal; 48 Vesey St., New York, U.S.A.; 8 Snow Hill, London.



# NEW YORK Post-Graduate Medical School and Hospital.

Twelfth Year===Sessions of 1893-94.

THE Autumn and Winter Sessions of this Institution will commence on September 18th.

The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**CLARENCE C. RICE, M.D., SECRETARY,**  
**F. E. FARRELL, SUPERINTENDENT.** 226 East 20th Street, New York City.

## Queen's University MEDICAL FACULTY, AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN,  
*Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.

# SHORTHAND

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

**Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

**BUSINESS**

# McGILL UNIVERSITY, MONTREAL.

## Faculty of Medicine. Sixty-first Session, 1893-94.

### FACULTY.

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Emeritus Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

### EMERITUS PROFESSORS.

W. WRIGHT, M.D.; L. R. C. S. DUNCAN; C. McCALLUM, M.D., M.R.C.S.E.; G. E. FENWICK, M.D.

### PROFESSORS.

ROBT. CRAIK, M.D., Prof. of Hygiene and Public Health.  
G. P. GIRDWOOD, M.D., M.R.C.S. Eng., Prof. of Chemistry.  
THOS. G. RODDICK, M.D., Prof. of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M.D., Prof. of Gynæcology.  
F. J. SHEPHERD, M.D., M.R.C.S., Eng., Prof. of Anatomy and Librarian of the Faculty.  
F. BUTLER, M.D., M.R.C.S. Eng., Prof. of Ophthalmology and Otolaryngology.  
JAMES STEWART, M.D., Prof. of Medicine and Clinical Medicine.

GEO. WILKINS, M.D., M.R.C.S., Prof. of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B.Sc., Prof. of Botany.  
T. WESLEY MILLS, M.A., M.D., L.R.C.P. London, Prof. of Physiology.  
JAS. C. CAMERON, M.D., M.R.C.P.I., Prof. of Midwifery and Diseases of Infancy.  
R. F. RUTTAN, B.A., M.D., Assistant Prof. of Chemistry, and Registrar of the Faculty.  
JAS. BELL, M.D., Assistant Prof. of Surgery and Clinical Surgery.  
J. G. ADAMI, M.A., M.D., Cantab. Prof. of Pathology.  
G. W. MAJOR, B.A., M.D., Prof. of Laryngology.

### LECTURERS.

T. JOHNSON ALLOWAY, M.D., Lecturer in Gynæcology.  
F. G. FINLEY, M.B. (Lond.), M.D. (McGill), Lecturer in Medicine and Clinical Medicine.  
H. S. BIRKETT, M.D., Lecturer in Laryngology and Senior Demonstrator of Anatomy.

HENRY A. LAFLEUR, B.A., M.D., Lecturer in Medicine and Clinical Medicine.  
GEO. ARMSTRONG, M.D., Lecturer in Surgery and Clinical Surgery.  
T. J. W. BURGESS, M.D., Lecturer on Mental Diseases.

### DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

WM. R. SUTHERLAND, M.D., Demonstrator in Surgery.  
WYATT JOHNSTON, M.D., Demonstrator in Bacteriology.  
JOHN. M. ELDER, B.A., M.D., Assistant Demonstrator in Anatomy.  
J. G. MCCARTHY, B.A., M.D., Assistant Demonstrator in Anatomy.

D. J. EVANS, M.D., Assistant Demonstrator in Obstetrics.  
N. D. GUNN, M.D., Assistant Demonstrator in Histology.  
W. S. MORROW, M.D., Assistant Demonstrator in Physiology.  
R. C. KIRKPATRICK, B.A., M.D., Assistant Demonstrator in Surgery.  
C. F. MARTIN, B.A., M.D., Assistant Demonstrator in Bacteriology.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July, to be taken after the third Winter Session.

The Sixty-first Session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating seventy-six students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students, 45 x 40 feet. The first flat contains the research laboratory, culture rooms and the professor's private laboratory, the ground floor being used for the curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened—in September, 1894—and students will have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be twenty-one years of age, having studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to

**R. F. RUTTAN, M.D., REGISTRAR,**  
Medical Faculty, McGill College.



# Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

## MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

# CHICAGO POLYCLINIC & HOSPITAL

174-176 E. Chicago Ave.

The fifth SPECIAL COURSE for practitioners in this institution will commence Wednesday, May 3rd, 1893, and continue two weeks.

This course will consist of Clinical Lectures and Demonstrations from 8.30 a.m. to 10 p.m.

In addition to the regular daily Clinics, the following special features will be presented by the Faculty:

Prof. N. SENN—Surgery of Hip Joint—Tuberculosis of Bones and Joints.

Prof. CHRISTIAN FENGER—Surgery of the Kidneys, Ureters, Brain and Spine.

Prof. J. B. HAMILTON—Hernia.

Prof. WM. T. BELFIELD—Genito-Urinary Diseases.

Prof. MOREAU R. BROWN—Nasal Surgery.

Prof. E. FLETCHER INGALLS—Naso-Pharyngeal Surgery.

Prof. A. E. HOADLEY—Orthopedics.

Prof. FERNAND HENROTIN—Uterine Surgery.

Prof. J. ELLIOT COLBURN—Ocular Therapeutics.

Prof. GEO. F. FISKE—Mastoid Operations.

Prof. MALCOLM L. HARRIS—Operative Surgery on the Cadaver.

Prof. JAMES H. ETHERIDGE—Uterine Tumours.

Prof. ARTHUR CHURCH—Neuritis.

Prof. GUSTAV FUTTERER—Cholera: Demonstration of the bacilli.

Prof. F. C. HOTZ—Eye Diseases of Children.

Prof. HENRY BANGA—Puerperal Diseases.

Prof. JOSEPH M. PATTON—Diseases of the Heart and Kidneys—Pneumonia.

Prof. L. D. MACARTHUR & HENRY G. ANTHONY—Skin Diseases.

Prof. PLYM. S. HAYES—Electro-Therapeutics.

Prof. W. S. CHRISTOPHER—The Exanthemata.

Prof. JAMES H. MCBRIDE—Insanity.

Prof. HENRY M. LYMAN—Nervous Disorders of Digestion.

The new buildings and hospital, now completed, afford unequalled facilities.

For Announcement containing full information, apply to the Corresponding Secretary,

MOREAU R. BROWN, M.D., 174-176 Chicago Avenue, Chicago, Ill.

NOTE.—The Regular Clinical Course continues throughout the year.

# HYPOPHOSPHITED EMULSION OF COD LIVER OIL WITH LIME AND SODA.

Sold retail in \$1 bottles. Sold wholesale in 40-oz. quarts at \$1.75,  
and 80-oz. Winchester at \$3.00.

... PREPARED SOLELY BY ...

GLADSTONE PHARMACY CO.

E. G. HODGSON, Phm.B., Manager.

\* \* \*

1204 QUEEN ST. WEST, TORONTO.

## R. M. MELVILLE

### General Steamship and Railway Agent,

NEXT GENERAL POST OFFICE, TORONTO.

TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.

TELEPHONE 2010.

**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



*Apply at*

**60 COLLEGE STREET,**

**TORONTO.**

**NOTICE TO THE MEDICAL PROFESSION**

**OF MANITOBA AND BRITISH COLUMBIA.**



Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring Trusses or Surgical Appliances for diseases of the Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc., or an Artificial Limb for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

**AUTHORS & COX,**

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses  
and Surgical Appliances.

**DR. TEMPLE'S****Private Hospital,**

BELLEVUE HOUSE,

87 BELLEVUE

AVENUE

TORONTO.

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new  
**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

203 Simcoe Street, - - Toronto.

**GRAVE'S SPECULUM** \$1.50  
NET

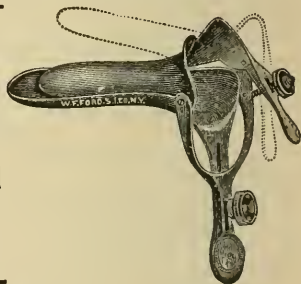
**W. F. FORD**

**Superior**

**Surgical and**

**Orthopædical**

**Instruments**



**SURGICAL INSTRUMENT CO.,**

**315 FIFTH AVE., NEW YORK.**

Send for New Illustrated Catalogue.

**THE NATIONAL MEDICAL EXCHANGE.**—Physicians', Dentists', and Druggists' Locations and Property bought, sold, rented, and exchanged. Partnerships arranged. Assistants and substitutes provided. Business strictly confidential. Medical, pharmaceutical and scientific books supplied at lowest rates. Send ten cents for MONTHLY BULLETIN containing terms, locations, and list of books. All inquiries promptly answered.

Address, H. A. MUMAW, M.D. Elkhart, Ind.

# NEW YORK POLYCLINIC AND HOSPITAL.

Session 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

### SURGERY—

John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.

### MEDICINE—

R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine-  
man, M.D.; J. Adler, M.D.

### GYNECOLOGY—

W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.;  
H. Marion Sims, M.D.; Florian Krug, M.D.

### EYE—

David Webster, M.D.; Emil Gruening, M.D.; Thomas R.  
Pooley, M.D.

### EAR—

Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.

### THROAT AND NOSE—

D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris  
J. Asch, M.D.

### DISEASES OF CHILDREN—

L. Emmett Holt, M.D.; August Seibert, M.D.

### DISEASES OF THE SKIN—

A. R. Robinson, M.D.; Edward B. Bronson, M.D.

### NERVOUS DISEASES—

Landon Carter Gray, M.D.; B. Sachs, M.D.

### OBSTETRICS—

Edward A. Ayers, M.D.

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., ASST. SEC.,**

**L. EMMETT HOLT, M.D., SEC.,**

214-218 East 34th Street, New York.

## WHEELER'S TISSUE PHOSPHATES.

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2\text{P}_2\text{O}_7$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_3\text{P}_2\text{O}_7$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychnia, half fluid drachm.

M. In dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

**DOSE.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**

Put up in pound bottles, and sold by all Drug-ists at One Dollar.

**Rolph, Smith & Co.**

**49 WELLINGTON ST. WEST.**

**Lithographers, Engravers,**

**DIE SINKERS, Etc., Etc.**

*High Class Work, Promptitude and Moderate Prices.*

ESTIMATES FURNISHED.

**BATES & DODDS,**

**Funeral Directors**

**931 QUEEN STREET WEST,**

CORNER STRACHAN AVENUE,

**TORONTO.**



TELEPHONE No. 513.



# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynaecology.

**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.

**C. W. COVERTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. LEM. GRASETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto;** Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

**CHARLES SHEARD, M.D., C.M.,** Fell. Trin. Med. Coll., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.

Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S.,** Edin.; Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.

Professor of Ophthalmology and Otology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVISON, B.A., Univ. Tor., M.D., C.M., M.R.C.S.,** Eng.; Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### LECTURERS, DEMONSTRATORS,

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M.,** Fell. Trin. Med. Coll.; L.R.C.P., London; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

M.D., M.R.C.S., Eng.; Member of the Acting Staff Toronto General Hospital.—18 Bloor Street.  
Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH, Late Principal and Professor of** Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherbourne Street.  
Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the Hospital, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

### INSTRUCTORS AND ASSISTANTS.

**A. Y. SCOTT, B.A.,** Tor. Univ.; M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A.,** Tor. Univ.; M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A.,** Tor. Univ.; M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.,**—176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A.,** Univ. Tor.; L.R.C.P., Lond.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng.  
Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.

# “H. V. C.”

(Hayden's Viburnum Compound)

IS ACKNOWLEDGED TO BE THE STANDARD PRESCRIPTION IN THE

## AILMENTS OF WOMEN

AND IN

## OBSTETRIC PRACTICE

By the great majority of the Medical Profession of the United States, without regard to pathics.  
Superior to Ergot in all cases.

# “H. V. C.”

Is employed in the following and most of the leading Hospitals with great satisfaction :

Enzworth Hospital, St. Joseph, Mo.

Harper Hospital, Detroit, Mich.

St. Mary's Hospital, Saginaw, Mich.

Maternity Hospital, New York City.

St. John's Hospital, Lowell, Mass.

St. Francis Hospital, Jersey City, N.J.

Columbia Hospital, Washington, D.C.

Rhode Island Hospital, Providence, R.I.

Woman's Hospital, 50th St., New York City.

N. Y. Infirmary (Women and Children), 5 Livingstone Place,  
New York City.

North-Western Dispensary, 403 West 36th Street, New York  
City.

City Hospital, Boston.

Woman's Hospital, Boston.

California Woman's Hospital, San Francisco, Cal.

Pacific Dispensary, San Francisco, Cal.

Children's Hospital, San Francisco, Ca.

Kansas City Hospital, Kansas City, Mo.

Alabama State Insane Hospital, Tuscaloosa.

Presbyterian Hospital, Cincinnati, Ohio.

AND IN MOST REMEDIAL INSTITUTIONS.

The most distinguished Physicians in the United States prescribe and recommend

## HAYDEN'S VIBURNUM COMPOUND

Write only for “H. V. C.” Put up in 4 oz., 10 oz. and 16 oz. bottles, and dispensed  
by all first-class pharmacists.

Send your address for our large Hand-Book. FREE to Physicians only.

THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.

# PANOPEPTON

## BREAD AND BEEF PEPTONE.

In PANOPEPTON we present to the profession a new, complete and perfect Peptone, one which we are confident will meet every requirement. PANOPEPTON is the entire edible substance of prime, lean beef and best wheat flour, thoroughly cooked, properly digested, sterilised and concentrated in vacuo.

PANOPEPTON is, therefore, the quintessence of Peptones, containing all the nutrients of these two great types of food—beef and bread—fused into a delicious restorative.

PANOPEPTON is the food par excellence in all conditions where a fluid, quickly assimilable, agreeable and comprehensive nutriment is required.

Originated and manufactured by

FAIRCHILD BROS. & FOSTER,

NEW YORK.



For Table of Contents see Page 3.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, NOVEMBER, 1893.

[No. 4.

## How Cod Liver Oil is now Prescribed.

Experiments in the laboratory and clinical observation have shown that, of all forms of fat, Cod Liver Oil is the most eligible on account of its greater absorbability.

THE BRITISH MEDICAL JOURNAL points out that—"Patients who are unable to tolerate the purest and most carefully prepared Cod Liver Oil can readily digest and assimilate it when combined with Maltine. The mixture is complete and permanent, and the consistence very convenient"; and recommends Maltine with Cod Liver Oil "on the ground of its perfect admixture, the ease with which it is assimilated, the good quality of the Cod Liver Oil, and the value in diastase of the Maltine."

THE MEDICAL PRESS AND CIRCULAR states: "It fulfils all the conditions necessary for perfect digestion," and describes it as "an elegant, palatable preparation."

## The Therapeutic Value of Maltine with Cod Liver Oil.

To render Cod Liver Oil assimilable and palatable is much, but to combine it in a permanent form with albuminoids, carbo-hydrates, and phosphates is still more.

Albuminoids are the tissue-formers, and some physiologists go so far as to say that they alone are capable of producing fat, the use of fat and other carbonaceous food preventing its waste.

STUTZER speaks of fats and carbo-hydrates as "the albumen-economizing elements"; and BAUER says, "Under the influence of a suitable amount of fat, the superfluous albumen in the food is for the most part stored up as organic albumen." On the other hand, the consumption of fat is checked by the presence of albumen, while both albuminoids and fats are shielded by the metabolism of carbo-hydrates.

The great nutritive value of Maltine with Cod Liver Oil is due to the combination in proper proportions of albuminoids, fats and carbo-hydrates. The importance of such a food in phthisis is obvious if we consider that the disease "is due to a condition of deficient nutrition, permitting the growth and reproduction in the lung tissue of a lower form of organized life." (DR. ALEX. JAMES.)

The uniform experience of medical men is that Maltine with Cod Liver Oil is the most successful reconstructive and the best aliment to employ in wasting disease.

We shall be pleased to send Specimens free of charge to Medical Men.

The Maltine Manufacturing Co'y  
30 WELLINGTON STREET EAST  
TORONTO.

## The Therapeutic Value of Lactopeptine.

The universal adoption of this preparation by the Medical Profession affords indisputable evidence that its therapeutic value has been fully established in treatment of all stomach and intestinal ailments.

The distinctive characteristic of this preparation is that it precisely represents in composition the natural secretions of the healthful stomach, and, therefore (where indicated) perfects the assimilation of food in a manner identical with that secured by action of the natural secretions (where these are *not* lacking).

We quote a few "Opinions" from the Medical Press:

"A glance at the formula of Lactopeptine must convince the most skeptical of the valuable results which must follow its administration."—*Retrospect of Medicine and Surgery*.

"We have submitted Lactopeptine to full trial, and confidently recommend it."—*British Medical Journal*.

"Such a formula is a desideratum, considering that Pepsin has disappointed so many practitioners."—*Medical Press and Circular* (London, Eng.).

"A preparation that can be relied upon as unvarying, and exhibit a combination of the essential agents of digestion."—*Courier of Medicine* (St. Louis).

"Has completely gained the confidence of the profession, and is more largely employed than any other combination ever introduced."—*Medical Journal* (Baltimore).

"No physician who has tried it fairly in practice, or who has taken it in a severe attack of dyspepsia, will ever be without it. It is a certainty."—*Louisville Medical News*.

"As a digestive, it comes nearer the gastric juice than anything we have ever used. Lactopeptine is one of the indispensables in the *materia medica* of the active practitioner."—*Southern Clinic* (Richmond, Va.).

"In dyspepsia, occasioned by an insufficient supply of gastric juice, it has always relieved the distressing symptoms. In the diarrhoea of infants, occasioned by undigested food, much benefit is derived from the use of this remedy alone."—*Toledo Medical and Surgical Journal*.

"There are few preparations given to the profession during recent years that have been so highly praised as Lactopeptine. It has been found a most reliable agent in the treatment of impaired digestion, gastric irritability and diarrhoea."—*Canada Medical Record* (Montreal, Canada).

SAMPLES FREE TO MEDICAL MEN.

The New York Pharmacal Association,  
30 WELLINGTON STREET EAST  
TORONTO.

## FOR NURSING MOTHERS

# Wyeth's Liquid Malt Extract

Is particularly adapted, containing as it does all the Nutrient Properties of Malt, with the Least Possible Amount of Alcohol.

Fermented liquids prepared from malted grain have been in use from the earliest times, and have always been highly prized for their strengthening and nutritive properties. Hitherto, however, the large amount of alcohol in proportion to nutritious matter contained in the malt liquors of commerce has been a serious objection to their use, in many of the various forms of dyspeptic maladies, resulting from mal-nutrition, for which malt preparations are peculiarly adapted.

Recognizing this fact, Messrs. Wyeth have, after numerous experiments, succeeded in preparing a liquid malt extract possessing all the advantages of malt liquors, while it is not open to the objections so frequently and justly urged against their use.

It is especially adapted for administration to nursing mothers, to children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly to those unable to digest starchy food.

The diastase contained in our preparation of malt renders such food immediately soluble, by converting the starch into malt-sugar and dextrine, in which form they can be readily assimilated by the system, thus *creating* animal heat and aiding the formation of fat.

Probably its greatest value is as a beverage, during lactation, as it not only supplies strength to meet the unusual demands upon the system at that time, but improves the quality of the milk by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of secondary depressant effect, so frequently experienced from the administration of spirituous remedies, the ordinary dose of a wineglassful representing less than three grains of alcohol and over one hundred and twenty-five grains of nutritious extractive matter, rich in diastase, preserved by our peculiar process of preparation; while in the malt liquors it is rendered inert by the boiling to which they are subjected during manufacture.

We claim that WYETH'S LIQUID MALT EXTRACT will be found to contain all the nutritive virtues of the best malt liquors, in a higher degree than any of the largely sold liquid malts with which we have compared it, while it is free from the stimulating effect which invariably follows their administration.

**Davis & Lawrence Co. (Ltd.), Montreal, General Agents.**

## **RUBBER**

# HOT WATER BOTTLES

The

Best

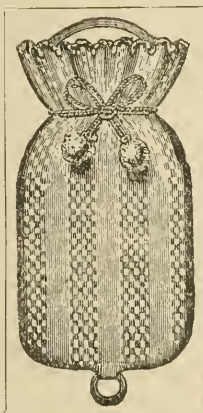
Bottles

... AT ...

The

Lowest

Prices



Warranted

Full

Size

... AND ...

Very

Best

Made



WE HAVE THE LARGEST ASSORTMENT OF RUBBER GOODS IN CANADA

THE **TORONTO RUBBER CO., LTD.**

TELEPHONE 453

28 KING ST. WEST, TORONTO

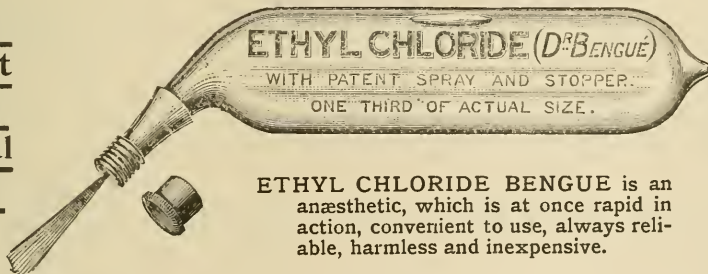
# CONTENTS.

EDITORIALS:—	PAGE		PAGE
Object of Existence of Medical Council .. .. .	117	Diabetes, with Diabetic Coma, in an Infant Eighteen Months Old—For Headache .. .. .	141
Our Financial Critics .. .. .	118	SURGERY: Earache—Congenital Absence of Right Kidney and Suprarenal Capsule—Intra-Intestinal Injections of Hot Water after Severe Hæmorrhage .. .. .	142
EDITORIAL NOTES .. .. .	119	The Role of the Posterior Urethra in Chronic Urethritis—Pea on the Treatment of Tetanus—Treatment of Pannus by Antipyrine—Chlorol; a New Disinfecting Fluid—Treatment of Tuberculous Peritonitis .. .. .	144
BRITISH COLUMBIA .. .. .	120	An Improved Method of Draining the Antrum of Highmore .. .. .	145
PRINCE EDWARD ISLAND		MIDWIFERY: Use of Lime Water in Artificial Infant Feeding—Uncontrollable Coughing in Pregnancy .. .. .	145
Medical Reciprocity—Quackery .. .. .	121	Unconscious Delivery .. .. .	146
ORIGINAL COMMUNICATIONS:—		GYNÆCOLOGY—Hydrocele in the Female .. .. .	146
The Nature of Fever, with Remarks on some of its Phenomena and on its Treatment .. .. .	123	Ludlam on the Physiological and Morbid Relations Existing between the Uterus and the Eye .. .. .	147
CORRESPONDENCE:—		PERSONALS .. .. .	147
Dr. Sangster .. .. .	123	MISCELLANEOUS:—	
Dr. Burrows .. .. .	130	Malt Extract—W. R. Warner & Co.* .. .. .	148
Dr. J. M. Cotton .. .. .	132	Mering on the Functions of the Stomach—Pil. Hæmatinic (Howard's) .. .. .	149
Lodge Doctors .. .. .	133	Diastase of Hazen Morse .. .. .	150
BOOK NOTICES .. .. .	134	Antikamnia Chemical Co .. .. .	151
AN EPITOME OF CURRENT MEDICAL LITERATURE:—		Large Doses of Alcohol in Delirium Tremens .. .. .	152
MEDICINE: A New Treatment for Pertussis—Chloroform as an Anthelmintic—New Diagnostic Sign of Typhoid Fever—Hektoen (L.) on Acute Ulcerative Endocarditis .. .. .	138	OBITUARIES .. .. .	152
Gueneil on effect of Cocaine on Mammary Secretion—The Causation of Anæmia and the Blood Changes Produced by Uric Acid—Rheumatic and Endocarditic Complications of Mumps .. .. .	139	BIRTHS, MARRIAGES, DEATHS .. .. .	154
Oxalic Acid as an Emmenagogue—Hyperpyrexia due to Sun's Rays—Morvan's Disease .. .. .	140		

☞ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

☞ Subscription \$2 per annum (outside of Ontario and British Columbia).

The most  
Convenient  
and . . .  
Economical  
Method .



of . . .  
Producing  
Local . .  
Anæsthesia.

ETHYL CHLORIDE BENGUE is an anæsthetic, which is at once rapid in action, convenient to use, always reliable, harmless and inexpensive.

Put up in tubes containing 37 to 40 cc. and terminating in a short tube with a capillary orifice upon which is a fixed copper screwthread. On the screw is a cap also of copper which, being lined with India rubber closes it so tightly that the Chloride is prevented from evaporating, and can be used **in the exact quantity required by the case in hand.** It is thus extremely economical as each bulb of **ETHYL CHLORIDE BENGUE** contains sufficient for 10 or 15 local anæsthesias. Supplied with Straight Stem or Curved Stem (as illustration).

The use of **ETHYL CHLORIDE** is without danger of any kind, and it can be applied equally to skin and mucous membrane.

☞ **REMEMBER TO SPECIFY ETHYL CHLORIDE BENGUE.** ☞

Pamphlet and full particulars on application to . . . . .

**THOMAS LEEMING & CO.,**  
25 St. Peter Street, = = = MONTREAL.



# All Women Talk

About their Doctors. If you relieve one, twenty know it. ASPAROLINE COMPOUND will relieve the women who suffer from functional Dysmenorrhœa and Leucorrhœa, and they'll talk about it. We'll send you enough ASPAROLINE COMPOUND free to make one woman talk. May we do so?

Each fluid ounce containing : Diluted Alcohol ; Guaiacum, 30 grains ; Asparagus Seed, 30 grains ; Parsley Seed, 30 grains ; Black Haw (Bark of Root), 60 grains ; Henbane Leaves, 6 grains.

SAMPLES CHEERFULLY FURNISHED PHYSICIANS UPON APPLICATION.

## HENRY K. WAMPOLE & CO.,

Pharmaceutical Chemists, - - - Philadelphia, Pa.

BRANCH: 36 and 38 LOMBARD STREET, TORONTO, ONTARIO.

### "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
IT will not blow out.  
IT gives a clear white light.  
IT looks like a locomotive head light.  
IT throws all the light straight ahead, from 200 to 300 feet.  
IT burns kerosene.

Send for book.  
R. E. DIETZ CO.,  
60 Light Street, N. Y.



ON account of Canadian purchasers having to pay duty, we will sell single lamps to them at the lowest wholesale price.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

**GEO. W. COOLEY, 567 Yonge St., Toronto,**

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskies for Invalids a Specialty.

**COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.**

# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the convolvulus scammonia of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
Hyd. Subchlor .....gr. ii.  
Fiat pulv.  
Sig. —. H. S. S. —.

The small quantity of **VERMIFUGIN** required to test the existence of worms, and to remove them from the system in a few hours, together with the certainty of its efficacy, makes it one of the most valuable remedies in use.

**VERMIFUGIN** can be obtained from any Wholesale Drug House in the Dominion, or direct from the Manufacturers,

**JOHN C. GRAY & Co.,**  
MANUFACTURING APOTHECARIES,  
TORONTO, CANADA.

N.B.—Physicians who keep a stock of medicines on hand may obtain **VERMIFUGIN** direct from the Manufacturers at same price that it is supplied to retail druggists, viz.: **\$1.00** per ounce bottle.

# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine.

—CHARLES F. HEEBNER, Ph.G., Phm.B., *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,  
BROCKVILLE, Ont.

# LE PAGE'S HYPOPHOSPHITES

## Syr. Comp. Improved.

**ESTABLISHED 1885.**

THIS Syrup contains the Hypophosphites of Iron, Quinine, Strychnia, Manganese, Lime and Potash, combined in an agreeable and palatable syrup, acceptable to the stomach, and comprises all the elements essential to the animal organization known to science. It will be found a very valuable remedy in the treatment of

**Pulmonary Tuberculosis, Bronchial Affections, and all Affections of the Respiratory Organs, also in Debilitating and Nervous Diseases.**

This preparation being prompt in its stimulating action, entering into the circulation, promotes digestion and assimilation and removes depression and melancholy, hence its great value in mental and nervous diseases.

In ordering, **Please Specify Le Page's.** Price: Small size, 50c.; Large Bottles, \$1.00. Also in 80 oz. Winchester for dispensing.

**OFFICE, 18 FRONT ST. WEST, TORONTO.**



MEMORANDUM FROM

PLAINFIELD,

J. B. PROBASCO, M. D.

NEW JERSEY,

Please accept my thanks for the very neat and pretty, as well as useful sample sent me Sept 18th.

I have used Antikamnia alone, and in combination for two years, and am pleased with the good results received in every case.

SEND YOUR ADDRESS TO THE ANTIKAMNIA CHEMICAL CO., ST. LOUIS, MO., FOR LIKE SAMPLE; AND TO SECURE LIKE RESULTS, SEE THAT GENUINE ANTIKAMNIA IS DISPENSED ON YOUR PRESCRIPTIONS TABLET SAMPLES MAILED IN "VEST POCKET BOX."

Yours truly  
J. B. Probasco, M. D.

## CHEMICAL LABORATORY.

Dr. A. R. Pyne,

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.  
Milk, quantitatively - - - 2.00.  
Water and Urine, quantitatively, each - 5.00.

SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

A. R. PYNE, M.B.

University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).

## FOR Dysentery and Diarrhœa OF CHILDREN

**R**latrol - gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

Dr. J. H. Sackrider, of East Randolph, N. Y., says: "The first case in which I used Iatrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use Iatrol in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in very warm water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

CLINTON PHARMACEUTICAL CO.  
Manufacturing Chemists Syracuse, N. Y.

CANADIAN BRANCH: BELLEVILLE, ONT. :- P. O. BOX 84.

# Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1893-94.**

The REGULAR SESSION begins on Monday, September 25, 1893, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 26, 1894, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

# Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.,  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

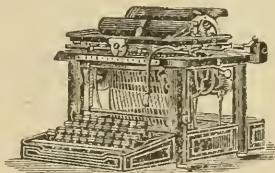
For further information apply to

CHARLES FORD, Superintendent,

314 Broome St., New York City.

Special instruction upon the manikin given by the attending physicians.

1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.

✍ MACHINES RENTED. - OPERATORS SUPPLIED. ✍

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, TORONTO.



# ELECTRO-MEDICAL



## SANITARIUM,

Now Open. Twenty Beds. Physicians attend their own patients, receiving all the advantages of skilled nursing and a private Hospital.

159 BLOOR ST. EAST.

Telephone 3342.

**THE PROFESSION** and the **PUBLIC** are assured that the treatment adopted, of whatever specialty, in every case entrusted to the Sanitarium, will be such as they advise, and every resource of its trained and experienced staff will be at their command, based upon the most recent and acceptable scientific authority.

**Massage Treatment**—not in the haphazard, unintelligent manner so commonly seen, but its scientific application, suited to the pathological condition of each case—will form a very necessary department of the Sanitarium.

The **Weir-Mitchell System**, as now adopted and recently modified, through careful experience, will be in special hands and under special supervision.

For patients advised for Sanitarium treatment, their cases will be conducted along the line of diagnosis and treatment of the Physician who sends them, to whom the Resident Physician will make all necessary reports. For patients who do not bring their Physician's request, the Sanitarium has retained the services of a number of the most skilful and leading Practitioners of Toronto, eminent in treatment of special diseases, to consult with the Resident Physician, thus forming a staff of advisers not excelled by any private hospital or sanitarium in America.

**Electro-Galvanic Baths, Dry Galvanization and Faradization, Combined Vapor and Electric Baths** every form of application or method suitable to every variety of disease, is at the command of the profession and public.

The **Dietetic Department** is equipped with the most perfect and scientific resources for undertaking for the profession the care and treatment of every form of disease in which the principles of Dietetics form the chief factor.

The **Sanitarium** possesses the right, in Canada, to use the various modifications of the **Ireland Hygienic Foods**, originated and perfected by the Resident Manager, the virtues of which, in the treatment of Diabetes and allied diseases, have so thoroughly established themselves with the profession over all Canada and the United States.

In the **Department of Balneology** every mineral water of reputed and acknowledged virtue, either Canadian or foreign, will be placed at the command of the profession, and administered subject to their instructions, either for bathing, vaporizing or drinking, rendering the compulsory journeying to distant places seeking relief quite unnecessary.

In the **diseases specially incident to women** all the advantages of a **private hospital** where every resource of medicine or surgery will be employed for relief, and equipment of the most recent and conservative character, in the hands of experienced consultants, will be provided for every form of ailment.

The **profession** will perceive that the management of the Sanitarium have entered upon the duties with a full sense of their important character. In all the departments they have consulted the **highest medical authorities** on the best means to meet the requirements of the profession in the treatment of those cases where the difficulties are insurmountable to the ordinary busy family practitioner.

The management feel sure of the hearty approbation of every physician acquainted with the desire and objects in opening the Sanitarium, and invite them to freely examine its admirable location, conveniences, equipment and resources in treatment which cannot be satisfactorily undertaken in private practice.

Address—

R. V. FUNNELL, M.D., C.M., University Queen's College, Kingston; M. C. P. & S., Ontario; late Medical Superintendent of Kingston Electric Institute, and Professor of Electro Therapeutics, Faculty of W. M. C., Queen's University; Licentiate N. Y. State University, Resident Medical Superintendent.

F. C. IRELAND, B.Sc., Professor of Hygiene and Director of the Ireland National Food Co., Resident Manager.



# DR. WILLIAM A. HAMMOND'S PRIVATE = HOSPITAL

—FOR—

DISEASES

OF THE

NERVOUS SYSTEM

WASHINGTON, D. C.



The Hospital is situated on Columbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington. The soil is dry and all the surroundings are free from noxious influences. The Fourteenth-street cable cars run almost to the door. The building is very large, and in its construction every sanitary requirement has been fulfilled. The number of patients is limited to twenty. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable. The building is heated throughout by steam. For further information DR. HAMMOND can be addressed at the

Hospital, 14th St., and Sheridan Ave., Washington, D.C.

## The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

# Canadian Medical Practice and Partnership Office.

J. E. WHITE, M.B., M.D., Toronto University; M. C. P. & S., Ontario. Office Hours—8-10.30 a.m.; 1-3.30 p.m.  
7-9 p.m. 135 Carlton Street, Toronto. Telephone No. 3370.

NOVEMBER.

The strictest privacy is exercised, that neither name nor location is known, until all the details have been considered satisfactory, and purchaser agrees to meet the cash required, if on visiting the one selected, he finds it is as has been represented, as to cash income, value of property and suitability of field.

The honour of each one is pledged in all negotiations, and has never been violated in the experience of the Office. Register Blanks for details with terms, sent on application to vendor or purchaser. These will supply all complete and concise particulars necessary for a choice without name or address.

All necessary advice the experience of the Office possesses is freely at the service of those wishing its aid. No Commission is expected until transfer has been made, and all negotiations are made through it as a reliable medium by both vendor and purchaser, and each party pays an equal share of the Office Commissions.

Gentlemen in quest of suitable locations, requiring private details of any particular place, without incurring the expense of travelling, may procure perfectly reliable particulars through the Office immediately following the registration of the wants.

Everyone wishing the advantages of this Office to sell or secure practices or partners, must deposit \$5.00 as an evidence of their *bona fides* to their conferees, which is returned when transfer is completed.

## PRACTICES FOR SALE OR LEASE.

**For immediate transfer.** A leading practitioner in town of 2,500 population, compelled to take a rest through illness, wishes an experienced, married, energetic man, to whom he could transfer his \$3,000 yearly income and \$4,000 property.

**In live Western town,** a gentleman taking a partnership desires to transfer immediately to any young, active, married man a fine \$2,000 practice. An excellent chance.

**In manufacturing centre, West,** gentleman leaving a \$2,500 practice for a European trip, wishes immediately to transfer his lease and equipments of centrally located property. Capital opening for man desiring good large town practice.

**Fine village and country practice,** over \$1,500; one conferee; for cost of property; or will lease for 25 per cent. of income. Capital opening.

**Town practice and drug store attached,** in Western county; \$4,000 per year; admirable combination; situation central. Rare opportunity for anyone tired of rough country roads.

**\$2,000 practice;** excellent chance in large Western town; exceptional advantages for good surgeon. Mechanical centre. Very easy terms.

**Neat, comfortable practice,** \$2,000; North-Western town; thoroughly established; for price of dwelling. Splendid opportunity.

**The two best practices in the two best manufacturing centres of Western Ontario for transfer;** average income, \$5,000; long established, with best official appointments; only open until December 1st. Successor must command \$1,000 to \$2,500 and be well qualified and experienced.

**In Toronto, handsome corner residence** and long established practice of about \$7,000 per year; finest location. Principal retiring from active work. Only one of exceptional ability accepted; only cost of residence. Just the opening for man, experienced, moving to the city.

**Choice \$2,000 practice** in good manufacturing centre, 2,500 population; over \$2,000. Good official appointment; excellent opportunity for active young married surgeon. Property for lease, if preferred with small bonus. \$350.

**Good opening** for active experienced man in a central city; over \$1,500 per year, easy; sell or lease property; splendidly located and give good introduction.

**Three good openings in Toronto,** long occupied by physicians, where comfortable practices may be secured at once for rental and small bonus.

**Good opening in York County;** thriving village; splendid equipment; fine comfortable house; good roads, wealthy people; \$2,000 per year; a rare chance.

**Capital \$2,000 practice,** for cost of residence, in central Ontario—village. One of the best openings for young married practitioner. Apply immediately, bonus \$250.

**Four unopposed openings** for active young men. Good field and earning power from \$1,200 to \$1,500, where cost of living will not exceed \$300 a year.

**First-class opening,** Northern district, for a first-class man, to succeed to a long established practice. Splendid \$6,000 practice and \$4,000 property, west, beautifully situated. Established for eight or nine years.

Good introduction; \$4,500; opposition insignificant.

A smart young married man, having \$500 cash, can step into a practice of more than \$2,000 by acting immediately.

**Wanted**—An active young doctor who can speak German.

**Wanted**—Assistant physician for large private Hospital and Sanitarium. Apply immediately.

**Manitoba—Two good openings** for active young men; competition none, or very slight; may be secured for \$100 each.

Partnership open with leading physician in long established practice of \$6,000, \$2,500 with suitably qualified person will secure half interest, and the same sum may retire the principal at any future time agreed upon. A rare and exceptional chance.

## PARTNERSHIPS WANTED IN GOOD ONTARIO PRACTICES.

Four young, active practitioners, with European, post-graduate and local experience, desire partnerships with long established elderly conferees. Can pay from \$1,000 to \$2,000 cash for half interest, and will purchase the retirement of the principal whenever agreeable.

Gentlemen desiring locum tenens, or assistant, may secure them at shortest notice.

**A permanent staff** of three experienced men, holding English qualifications, are now available for immediate service as locum tenens. Terms: Fee \$5.00, and half net income during term of engagement.

**BRITISH COLUMBIA.**—Three good openings required in live towns in British Columbia by active, experienced doctors.

**Partnership or assistant's position in any maritime province** wanted by able and energetic young gentleman of hospital experience, highest references; would possibly purchase the retirement of principal in a year or so.

Gentlemen in any of the Provinces desiring to dispose of their properties and practices, or to secure partners, would confer a favour on their conferees by entering the particulars and lowest terms upon the Confidential Register of the M. P. Office, and avail themselves of its private methods and advantages in the transfer. Each deposits \$5.00 as evidence of *bona fides*, which is returned when their transfer is completed. No business is done until one's want is properly registered.

Letters of inquiry must be direct from medical practitioners only, and must enclose stamp for reply, otherwise they will be unnoticed.

Address—

DR. J. E. WHITE, TORONTO.

# D. APPLETON & CO.'S PERIODICALS.

---

.. THE ..

NEW YORK JOURNAL

.. OF ..

## Gynæcology and Obstetrics

ISSUED MONTHLY.

EDITED BY

A. H. BUCKMASTER, M.D.

J. D. EMMET, M.D.

WITH THE FOLLOWING COLLABORATORS :

THOS. ADDIS EMMET, M.D.

A. J. C. SKENE, M.D., Brooklyn.

T. GAILLARD THOMAS, M.D.

W. H. BAKER, M.D., Boston.

HOWARD A. KELLY, M.D., Baltimore.

J. C. REEVE, M.D., Dayton.

CHARLES JEWETT, M.D., Brooklyn.

E. C. DUDLEY, M.D., Chicago.

*The Official Organ of the* : : :: : *New York Obstetrical Society.* Yearly Subscription, \$5.00. Single Number, 50c.

SAMPLE COPIES SENT ON APPLICATION.

NEW YORK:

## D. Appleton & Co., Publishers.

CANADIAN AGENCY :

GEO. N. MORANG, Manager.

The ..

## New York Medical Journal.

A WEEKLY REVIEW OF MEDICINE.

EDITED BY

FRANK P. FOSTER, M.D.

VOLUMES BEGIN IN JANUARY AND JULY.

Subscription price, \$5.00 per annum.

Single Number, 10 cents.

Journal of ..

## Cutaneous and Genito-Urinary Diseases.

*(Published Monthly.)*

EDITED BY

JOHN A. FORDYCE, M.D.

Subscription price, \$2.50 per annum.

Single Number, 25 cents.

The ..

## Popular Science Monthly.

EDITED BY

WILLIAM JAY YOUMANS.

Yearly Subscription, \$5.00. Single Number, 50c.

SAMPLE COPIES SENT ON APPLICATION.

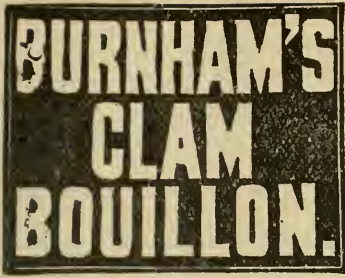
NEW YORK:

## D. Appleton & Co., Publishers.

CANADIAN AGENCY :

63 YONGE STREET, TORONTO.





## A Food That Takes One Back To First Principles.

### WHAT IS IT?

A concentrated, palatable liquid, extracted from the quohaug or Clam, a low form of animal life, put up in bottles only, and sterilized so as to keep in any climate indefinitely. It is composed principally of phosphorus, lime and sodium, making it more closely allied to the gastric juices of the stomach, and is of such a nature as to be nearly self-digesting, and is quickly assimilated. Persons apparently upon the very verge of dissolution have been known to revive after the administration of a spoonful or two of **Burnham's Clam Bouillon**, taken hot, every few minutes, and started on the gradual road to recovery.

It is quieting to the nerves, as it seems to affect the brain almost instantly, producing a desire for natural sleep, and its effect in that respect is further noticeable in cases of alcoholism, which difficulty it will overcome entirely in a very short time. Nothing better can be used in all forms of gastric troubles, where a food is wanted that possesses properties that can be easily retained by the stomach, that is pleasing to the taste, and not offending to the patient in the least degree. Nature seems to have combined in the elements of the Clams properties of great value, and being a departure from the general line of food products, and so simple, there is no excuse for refusing to try it. You will find it a very acceptable change from the long list of Beef and other food products now offered.

It is put up in three sizes of bottles, that retail at 25c., 50c, and \$1.00 respectively, and is handled by all first-class druggists and grocers. **Never order Clam Bouillon for a sick person unless it is put up in glass bottles.** Physicians who desire to try it will be supplied with a bottle and further information free upon application to the

**E. S. BURNHAM COMPANY, 120 Gansevoort St., N.Y. City.**

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## **COD LIVER OIL AND IRON**

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

Put up and sold only by

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

# **Ferrol Manufacturing Co.,**

HEAD OFFICE:

Retail by all Druggists . . .

**205 SPADINA AVE., TORONTO.**

# "Vinolia" Soap.

## TESTS FREE.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

WE will supply, free on application; tests for Soaps, with bona-fide reports from medical and other scientific journals, together with facts and figures, showing "VINOLIA" Soap to be the **Purest, Safest and Best** for Skin Irritation, Toilet, Nursery and Bath.

## RECOMMENDED BY MEDICAL MEN.

*THE LANCET*, London, reports:—

"Odour delicate and an article of excellent quality."

*THE BRITISH MEDICAL JOURNAL*, London, reports:—

"'Vinolia' Soap is of unquestionable excellence, and much in favour with the profession."

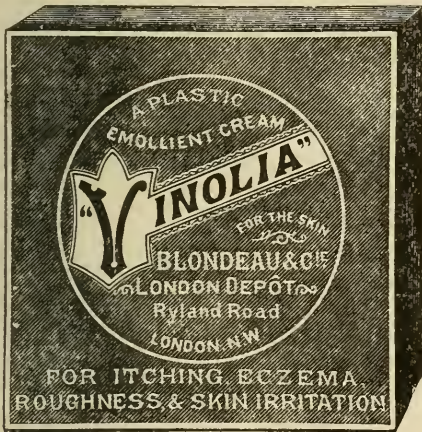
Floral 15c., Medical Balsamic 25c., Toilet Otto 35c. and Vestal 85c. per tablet. Shaving Soap, 30c., 40c. and 60c. per stick; flat cakes, 50c. Vinolia Shaving Foam (in collapsible tubes) 50c. and 85c.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.



For Face Spots, Insect Bites, Rash, Etc.

"An emollient cold cream of much convenience in many minor skin ailments where a soothing protective is required."  
—*British Medical Journal*.

"'Vinolia' is an emollient cream for the skin in eczema, rash, eruptions, etc. It possesses a fragrance of distilled roses."  
—*Lancet*.

For acne spots on the face, and particularly for eczema, it is undoubtedly efficacious, frequently healing eruptions and removing pimples in a few days. It relieves itching as if by magic."  
—*Baby*.

50c, \$1.00 and \$1.75 per Box.



For Chafes, Tender Feet, Oily Skins, Etc.

"An impalpable rose dusting powder, soluble, of remarkable fineness, and well adapted for the nursery, toilet, 'weeping' surfaces, and sweating feet."  
—*British Medical Journal*.

"'Vinolia' Powder is well adapted as a dusting powder for toilet purposes."  
—*Lancet*.

"Superseding the old toilet powders, which are apt to cause acne by blocking up the pores of the skin."  
—*Ladies' Pictorial*.

In PINK, WHITE and CREAM.

50c., \$1.00 and \$1.75 per Box.

"VINOLIA" DENTIFRICE, English, 75c.; American, 50c.

**BLONDEAU & CIE., 73 AND 75 WATTS STREET, NEW YORK.**

ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.



# A WORD --- --- ON ... MALT EXTRACTS

The Physician's province is not invaded by the solicitation of lay custom for our Malt products. \*

Our Malt Preparations are Medicinal Products to be dispensed by the Pharmacist as the Physician shall prescribe.

A malt extract, properly speaking, is both a nutritive and a digestive—nutritive because of the presence in it of a large percentage of digested starch; and digestive by virtue of the diastase it contains. It should be remembered that in the administration of pre-digested foods the stomach is entirely relieved of the labor ordinarily incident to digestion, and the assimilation of the full quantity of nourishment introduced into the alimentary canal is thus assured. Malt extracts, as regards their digestive power, are valuable or not, according to the care exercised in their manufacture and the amount of diastase which they contain. This, fortunately, is a matter capable of easy determination by estimating the action of a given quantity of any sample upon starch, under conditions similar to those which prevail during natural digestion.

We have devoted much time and study to the subject of digestives and their manufacture, and in introducing to your attention our Malt Extract we do so with the positive knowledge that it is at once a more active digestive and concentrated nutrient than any similar preparation now on the market.

Aside from the digestive and nutritive value of malt extract, its sweetness and palatability make it a valuable vehicle for the administration of remedies possessed of a disagreeable or nauseating taste.

## THE PROFESSION

Is respectfully requested to write for our literature upon Malt Extract and its combinations, particularly "A Word to the Medical Profession," which forcibly illustrates

"WHAT A GOODLY OUTSIDE FALSEHOOD HATH."

Half-pound packages as samples to physicians who will indicate their willingness to defray expressage.

## SPECIAL NOTICE!

### A NEW MATERIA MEDICA.

For nearly two years the ORGANIC MATERIA MEDICA first issued by us in 1888, and a revised edition of which was printed in 1890, has been out of print, and we have not been able to supply copies.

We have, however, just issued another work which covers all the information contained in the original edition but revised up to date, and with much new and interesting matter added.

The first 184 pages contain notes, in alphabetic order, of those articles of the Materia Medica of which we manufacture any preparation, giving therapeutic properties, doses, etc. Then follow formulæ for making official preparations; much valuable information in the way of tables of weights and measures; weights and measures equivalents; tables of thermometric equivalents; axioms in posology; thermometry; treatment of children; incompatibility; Latin words and phrases; differential diagnosis of eruptive fevers; therapeutic suggestions, or diseases and their remedies; poisons and their antidotes; finally, a general index which will facilitate reference to any article under whatever title the reader may expect to find it.

We shall be pleased to send a copy, bound in stiff paper cover, to any physician or druggist on receipt of the actual cost of mailing, 10 cents, which may be remitted in postage stamps.

To any physician or druggist desiring the book bound in a more substantial cover and convenient manner, we will send a copy bound in cloth upon receipt of 25 cents in postage. *Applications should be addressed: PARKE, DAVIS & CO., Box 468, Detroit, Mich.*

## PARKE, DAVIS & CO.,

DETROIT, - NEW YORK, - KANSAS CITY, - WALKERVILLE, ONT.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, NOVEMBER, 1893.

[No. 4.]

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

## Editorials.

### OBJECT OF EXISTENCE OF MEDICAL COUNCIL.

In Dr. Sangster's communication in this issue, the object for which the Medical Council was formed and still exists is discussed in his own inimitable style. He divides, as will be seen, his argument into three different classes by taking three premises.

1. The object is the protection of the public, and in dealing with this he quotes both the late President of the Council and our own editorial columns. Any body incorporated by the Legislature, dealing with questions of interest to the public and any one profession, must necessarily, to be of any use at all, be run as a safeguard to both parties. Primarily, as far as we can see, the public is protected by the hold on the profession. Anyone can see this by a little analysis.

The Council controls by its enactments and examinations the number of medical men launched on the country, and the actions of these medical men in their professional duties; and keeps down to the best of its ability, as far as the law permits, all infringements by quacks and fakirs. The benefit to the laity in these three items is plain. If there were no control over the number, we would be much more overstocked than we even now are; many would come in from other

countries and states, and by no means the best of them, simply ones who were unable to make a living where educated. This would leave the public open to be treated by almost any man or woman who cared to place the title of doctor before their names, and in many cases would cause a great deal of ill-work to be done. After giving men their diplomas and licenses to practise, by watching the actions of many—for even in our profession persons will creep in with the intention of doing dishonest work—who would employ their brains against the main interests of the public in ways other than dealing with their health, much good is done. As for the third idea, no one can deny their use in controlling quacks and fakirs, the Discipline Committee doing its work very thoroughly.

2. The object is the protection of the medical electorate. We easily grant our correspondent that one of the main workings of the Council fulfils this, but as we have shown it is not the principal thing done. We hardly need go into the work of the Council in this line as it is already well known. As we said above, the handling of cases against fakirs and others of that ilk has been exhaustive, and in most cases fairly successful. Our remarks as to the protection of the public to save repetition also strongly show the benefit of the Council to the profession generally. Dr. Sangster tries to prove the contrary to this by speaking of his so-called abundance of illegal practitioners, etc., but he gives

very little credit for the work that has been done. Many have been put down, so that indeed few are left in comparison with the number there was, and very few indeed compared to the immense number there would be if no control were held over them. He can scarcely deny the truth of this statement, no matter how much he may like to do so. Giving credit for work done by any body whom Dr. Sangster has no love for seems very little in his line.

Why the argument is put forth that stringency of examination is in favour of colleges we are too dense to see. Any man showing proper qualifications and able to make a pass on the papers set is of course entitled to a license, and gets one. If any school outside of Ontario could not train their scholars sufficiently, should that make it be said that the whole work was in favour of the Ontario Schools? or even in favour of schools at all? If the Doctor had said that the examinations were easy, we could understand that the Council could be accused of favouring the schools by allowing candidates to pass through, but his own sentence shows that this "stringency," to again use his word, is all against the schools and in favour of the profession by keeping out many weak men.

With regard to the matriculation standard, we would ask him to consider methods of raising standards other than raising the percentage of marks for pass. At a meeting of a committee of the Council with the Minister of Education and Mr. Seath, the standard was laid down, it being considered that more stringency (we thank thee for the word) would more than make up for the percentage. If the papers of this year be conned, the difficulty of the questions will be easily recognized.

3. The object is the protection of the schools. The method of the origin of the Council is quoted in this paragraph as the strong argument. We admit that the method was simply taking representatives from schools and a number of territorial men put on to preserve a balance, but the method and object are far different. The object was the protection of the public and the profession, and not of the schools. Before the advent of the Council each school could pour out as many graduates as they liked if chartered to do so. The Council was then formed to place some control over them, and

to make a common standard of education in medical lines in the province. Then enactments were added making this corporation a stronger bulwark than ever for the public and the profession.

The statement that "access to the profession in Ontario is practically closed to all but students of Ontario medical schools" is a great mistake. Many students take out licenses here who put in no time in Ontario at all. All that is necessary is that the qualifications of the said student must be as high as the standard required here by the Council. The mention of McGill men being dealt harshly with is rather laughable than otherwise.

We do not see at all that his case has been proved, as on sifting, all his arguments can be made to apply as much one way as the other—in fact, very much more the other way. If he grants that if the Council does any good to the profession, the tax should be paid, and as we have shown that they do great good, why is the tax not paid?

---

#### OUR FINANCIAL CRITICS.

Day after day we see the effect of carelessness, or ignorance, or worse (changing of statements for their own ends) in the notes and letters sent to the press both medical and public. Many are ludicrous in the extreme. A short time ago one physician, in his endeavour to take some blame off his own shoulders, made the age of his son quite ten years more than his son made it by affidavit before the Council.

Another man writing to the public press takes it on himself to criticize the accounts, laying most stress on the printing. Now see what he says: "Their printing account which has grown in one year from \$610.00 to \$1,681.00. But the \$610.00 included the printing of the Medical Register which is only an occasional item and is not included in the latter." His ignorance here is amusing. The amount of the printing account passed at meeting of Council, June, 1892, was \$610.00, and the certified account passed, June, 1893, was \$1,181.00. (His \$1,681.00 was made up by the \$500.00 paid to the ONTARIO MEDICAL JOURNAL.) In spite of his assertion the cost of the Medical Register was included in the latter and not in the former. Let anyone look at the date on the cover and see. It is an extremely simple matter to show how the



\$1,181.00 was made up without giving a detailed statement :

5,000 copies Medical Register, Nov. 15, 1892,	\$732 50
Parchment Diplomas and Cases, July 30 . . . . .	123 00
Copies of Financial Statement, Aug. 9 . . . . .	75 00
Examination Records, Spring, Aug. 9 . . . . .	20 50
“ “ “ “ Fall, Oct. 5 . . . . .	27 50

These few items alone total up to \$978.50. The remaining items are small and would take up more space than we have at our disposal this month.

In discussing this account up to June, 1892, the difference in size of the Annual Announcement should be taken into account. In 1886 it contained seventy-four pages, and in 1892 it contained 144 pages, the enlargement of copy of the minutes making the greatest part of this difference. In conclusion we would advise men who wish to pose as financial critics, to make sure of their items and not make such unlimited mistakes as we are seeing every day.

#### EDITORIAL NOTES.

In No. 12 Division, two candidates are already in the field, Dr. Burrows, of Lindsay, and Dr. J. M. Cotton, of Lambton Mills, having decided to trust themselves to the mercies of the electorate.

We have much pleasure in drawing the attention of our readers to the card of Dr. Bremner, orthopaedic specialist. We have no doubt but that they will cordially yield to Dr. Bremner that welcome amongst them which his extensive foreign study and labour at this specialty merits.

In East Toronto, Division No. 10, Dr. E. J. Barrick, one of the oldest and strongest medical men in that part of the city, will make a bid for the seat in the Council for that district. Judging by his well-known worth and the solidity of his claims, we have no doubt that his candidature will be heavily endorsed.

Through the marked interest taken in the doings of the Medical Council the last year, the noise of the election campaign is heard much earlier than usual. Candidates are bobbing up in many quarters, and from the number who have expressed their intention of running, the electorate should be able to pick excellent men.

The Discipline Committee of the Medical Council will hold court in the Tecumseh House, London, and the College Building, Toronto, on December the 5th and 6th, to investigate the charges made against Dr. J. R. McCullough, of Enniskillen, Dr. W. F. McBrien, of Toronto, and Dr. H. McGregor Wilson, of Windsor. The Discipline Committee is a very expensive body, but the work that is done in purging the profession of all excrescences upon its surface will repay the outlay.

We observe from a notice in another page of this journal that Dr. Holford Walker has decided to enlarge Rotherham House, and in order to increase the scope of work done therein, has taken as associate, Dr. William Nattress, of Carlton St. Heretofore only nervous and surgical diseases of women were received, but in future the doors will be open to the more general diseases of both men and women. We think the move a wise one, as the marked success of this and similar institutions shows clearly the tendency of the age.

People are becoming more practical even with regard to sickness, and as a consequence more keenly appreciate the advantages of a well-appointed private hospital over that of the ordinary sick-room in a private house. The healthful sanitary surroundings, the care and attention of an efficient staff of trained nurses, the constant supervision of a medical attendant, the properly regulated diet, etc., all go to secure better and more favourable results than we can hope for in ordinary private practice.

We predict and cordially wish a brilliant future to Rotherham House, the pioneer private hospital of Ontario.

While many of the census bulletins are of great interest, none can be greater to the medical profession than that section dealing with physicians and surgeons in Canada. In the issue of September, 1893, Bulletin 18, the following notice is given :

“ Much is said about the rush into law and medicine. The latter, as bearing upon the health of the people, is of importance. The returns show that in 1891 the physicians and surgeons in Canada numbered 4,448. This is one medical

man to each group of 1,087 persons. Divided by provinces, and apportioned according to population and area, the result is the following table:

Province.	No. of Medical Men.	No. of Doctors for 100,000 persons.	Area Square Miles	Square Miles to a Medical Man.
Ontario .....	2266	107	219650	97
Quebec .....	1220	82	227500	186
Nova Scotia ....	353	78	20550	58
New Brunswick..	238	74	28100	118
P. E. Island....	90	82	2000	22
Manitoba .....	113	74	64066	558
British Columbia..	114	116	382300	3400
N.-W. Territories	54	81	294981	5462

"How this compares with other countries is seen in the following table:

MEDICAL MEN IN PROPORTION TO POPULATION AND AREA.

Country.	Average number of medical men to each 100,000 persons.	Average number of square miles to each medical man.
Switzerland .....	75	7.3
Victoria (Australia).	73	105.3
Italy .....	60	6.2
England and Wales	58	3.9
Scotland .....	50	15.9
Ireland .....	48	13.2
Holland .....	43	6.9
Belgium .....	42	4.7
France .....	39	13.9
Germany .....	32	15.1
Austria .....	32	15.8
Norway .....	32	205.0
Spain .....	31	37.1
Hungary .....	24	33.6
Portugal .....	18	43.4
Russia in Europe..	16	148.4
Sweden .....	13	294.9

"It is apparent that the conditions of life in Canada are such as to make necessary a larger staff of medical men than in older countries. England and Wales require only fifty-eight medical men for 100,000 persons. These fifty-eight have to guard an area of less than three square miles. Ontario requires 107 doctors per 100,000 persons, and does so because each doctor has an average of ninety-seven square miles under his care. It is plain that in some of the provinces the number of medical men is insufficient, in view of the great

distances to be travelled. In other provinces the number seems unduly large. On the whole, however—considering the healthy climate and the comparatively simple life led, with a large proportion of the people engaged in occupations that would not come under the definition of hazardous or extra hazardous—the garrison of medical men is ample for the wants of the country, especially as the returns show 1,326 medical students preparing to become part of the guard watching over the health of the people."

Among the physicians in No. 11 Division, West Toronto, the feeling is very strongly in favour of the candidature of Dr. A. Jukes Johnston. At the request of his many friends he has consented to stand. As a result of his popularity his nomination paper, after being in circulation only a short time, has been very largely signed.

No surgical operation has taken greater strides in the last five years than that of laparotomy. Cases of peritonitis—septic and otherwise, ovarian tumours, Cæsarian sections are done now where formerly the patient either died or lived on in misery. Following on this operation the manufacture of abdominal supports became quite prominent. Among those in Ontario who deal only with the profession, is Mrs. Pickering, of Brantford, a very skilful operator, who well deserves the large support given her by medical men.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. McGUIGAN, Associate Editor for British Columbia.

Dr. McGuigan, of Vancouver, B.C., has left for a six months' sojourn in Europe. Dr. Ernest B. C. Hannington, of Victoria, has undertaken the charge of British Columbia matter during his absence.

This fact will explain to the profession the reason for the absence of material in this column for the last two issues, Dr. McGuigan in his preparations for departure having been unable to find time for editorial work.

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### MEDICAL RECIPROCITY.

THE ONTARIO MEDICAL JOURNAL for October is to hand. Your remarks on interprovincial reciprocity are timely and good. It is time the profession fully realized that in matters of medical education the British North American Act leaves it in the hands of the Provincial Legislatures to enact all laws relating to education. All honour to Ontario and the Medical Council of Ontario for what they have done already towards elevating the standard, and bringing order out of confusion. They have set every other province in this Dominion a noble example. Let Quebec follow suit, and it will be an easy matter to procure reciprocity. The colleges must not obstruct the way any longer, for their mission is to educate and confer degrees, and these degrees are no longer regarded as conferring a legal right to practise. Look at New York, Pennsylvania and many of the other States of the union, ignoring their own as well as all other diplomas, for the sake of having one uniform and legal authority to practise. We must come to it, and any member of the profession who will not cheerfully aid the movement and support the law in his province, is a drone that will never leave his impress in improving and benefiting his profession. The paltry amount required as annual dues ought not be considered as a drawback to the prosperity of the members of the profession in each province.

While there is an evident discontent in the minds of some practitioners in Ontario against the constituted authorities, I am glad to notice that they are few, and that the great bulk of the profession is in harmony and support of the Council. This is as it should be, and your journal will have the effect of enlightening the profession here and elsewhere upon what is being done. There are men in every community who are adepts at destroying and pulling down, but will not add a single brick to the structure to build it up. It is an easy matter to destroy in a single day—the work of a lifetime—what required many years to complete, but very hard, indeed, to build and lay good founda-

tion to build upon for the future. Let the medical men of Ontario take good heed and good care that they will not lose their medical laws; if they prove true to themselves they will not do so, and the Legislature will see the absurdity of the contention of those who are opposed to the present law. Improve it, make it better if you can, but don't destroy it. The opposition to your law is frequently quoted against us, but, fortunately, there is no friction in the administration of our law, and so far the registered practitioners are a unit in support of it. One common standard of curriculum and education in each province, with examination as the only legal authority to practise, and powers for the various Councils to correct abuses, such as the "contract system," and other questions where ethics ought to rule, will raise our profession to an honourable status beyond the region of the quack and secret nostrum vendor, and all parties who would lower us to the level of *trades* and *artisans*.

### QUACKERY.

A weekly journal, *The Montreal Witness*, has recently declared "that Montreal is infested with gamblers preying upon the morally weak in society." This Dominion is infested with quacks, patent medicines and secret nostrum vendors and the whole press bow down and worship them—allowing the ignorant and morally weak in society to be allured and decoyed by impudent assertion—whole columns of audacious trash and balderdash dished out to the community to entrap the unwary, and the press who are paid and subsidized by these concerns are dumb as an oyster. On other matters they are loud in proclaiming the moral code. If a hungry man steals a loaf of bread, or an intemperate man commits a brawl and disturbs the peace, the matter is heralded abroad, but the quacks who are daily advertising miraculous cures and defrauding the people on every hand are hailed as benefactors. The medical profession alone are expected to combat the evils of quackery and too often do they experience ingratitude from the public at large for their efforts in defending the public. Why is this? Simply because the quack has something to advertise and sell, and because the press is amply rewarded for advertising, they



will not publish anything against what is drawing water to their own mill. The medical profession has no funds to carry on a thankless warfare in which the press and the public construe their efforts as movements of jealousy and self-interest. The gullibility of the people in matters affecting their health is something amazing. Yes, people who are intelligent in everyday business transaction will allow the tramp, the scallawag, the swindler, deceiver, and ignoramus to take charge of their health; if he only has brass and impudence to declare that he is a doctor. In this Island we have had several characters itinerating in our midst as *quack* doctors. About two or three years ago an *ignorant* Frenchman from Tracadie in New Brunswick belonging to a family named *De Roche*, made his appearance under the assumed name of Frank, alias Rossin. He located at Summerside and gave out that he was a woman's doctor, and that he could cure all ills to which the poor females, and the womb in particular, was heir to. The methods by which this individual attempts to gull people is rather amusing—his methods of diagnosis and bold assertion are calculated to impress weak-minded people and silly women, who imagine that boldness of assertion means proof every time.

The ignorance of this pretender is best verified by the fact that a Charlottetown druggist, who is fond of fun, sold him an instrument used by old people to slip on their shoes, as an improved tongue depressor and received therefor the handsome sum of two dollars. Without inquiring into this man's antecedents and learning that his only profession was that of a tramp, working in a saw mill for a season at Miramichi as a common day labourer, and finally chased from Fredericton for appropriating two gold watches not his own—without education or knowledge of even the ordinary kind—there are people who believe that this man can do wonders and will submit their wives and daughters to his inspection and examination. There is no other portion of this Dominion where this tramp would be allowed to vegetate one hour. Talk of the injurious effects of poisonous patent nostrums on the people who use them—imagine the benefits that could possibly proceed from an ignoramus without any knowledge of physiology or pathology or therapeutics—and reflect on the intelligence of the people—the Si-washes tribe of

Indians in British Columbia would not tolerate the beast one hour. Medical men alone recognize the cases of maltreatment of quacks and ignorant pretenders, where their action has produced and aggravated deadly diseases, and if the people were aroused to a proper sense of their duty they would be more chary in employing men who have nothing to recommend them to confidence but their own unblushing impudence and assertion. There are but few people, if any, who would be inclined to trust an individual whom they had detected in the act of cheating them by offering a *forged* check—they would take the precaution of handing him over to justice. Yet, strange to say, a man can assume a false name, and sail under a forged name, and no notice is apparently taken of the matter.

The medical men all over Canada must unite and put forth their talents and abilities in educating the people—setting legislatures right. If we did but use half or quarter of our collective energy and intellect in combatting these things, quackery would disappear. Combination is the order of the day in the world of trade, and if the people of this Dominion are to be saved from the evil effects of quackery and quack nostrums, the medical profession must be united and secure the co-operation of the press and every intelligent person to neutralize the pernicious influences at work and discountenance the “sneak advertiser” and the “newspaper doctor.”

---

The following members of the Medical Society of Prince Edward Island paid their subscription to the *ONTARIO MEDICAL JOURNAL*, as per circular addressed to them by the Secretary of the Council. The remaining members who have not contributed are requested to communicate direct with DR. R. B. ORR, 147 COWAN AVENUE, TORONTO, ONT., and report whether they are in receipt of the *JOURNAL* regularly: Drs. H. F. Jarvis, Summerside; Robt. D. McLauchlan, St. Peter's Bay; Joseph DeNoyer, Tignish; A. Allan, Cardigan; H. N. Goff, Sanatorium, New York; Wm. Keir, Malpeque; R. Johnson, Registrar, Charlottetown; James Macleod, President Medical Council, Charlottetown; Alex. Macneill, M.M.C., Kensington; H.D. Johnson, Charlottetown; John McInnes, Red Point, Lot 46; E. Blanchard, Charlottetown.

## Original Communications.

### THE NATURE OF FEVER WITH REMARKS ON SOME OF ITS PHENOMENA AND ON ITS TREATMENT.\*

BY T. K. HOLMES, M.D., CHATHAM.

GENTLEMEN,—Through your courtesy I am permitted to present some thoughts on a subject that must have engaged the attention of all whom I have the honour to address, and which is at the present time monopolizing the skill of many of the wisest and best trained minds in the world. I have thought the subject a suitable one for discussion here because its elucidation has a practical bearing on a vast number of ailments that come under daily observation, and the successful management of which determines largely the claims of the medical profession to the beneficent regard of society. I refer to those disturbances of function which are characterized by elevation of temperature, by altered nutrition, and usually by disturbances of circulation, secretion, respiration and digestion as well as by disorder of the nervous and muscular systems. I shall, after inviting attention to some of the conclusions arrived at by recent investigations in reference to the cause and nature of the febrile state, refer to some clinical facts that have engaged my attention and that have a practical bearing on the management of febrile diseases, and I shall finally point out what has been a most effectual aid in treating those diseases in which elevated temperature constitutes a prominent and dangerous symptom. The maintenance of the body at a uniform temperature under the varying conditions of life indicates a perfection in the mechanism that accomplishes it that we may readily believe to be unparalleled, and the means of its accomplishment are so various and so obscure that the secrets of the process are only being yielded up slowly, and are yet but imperfectly understood.

As fever is a disordered state of those processes by which a normal temperature is maintained, its nature will be better understood by first inquiring into these processes. We know that heat is constantly escaping from the surface of the body by

radiation, conduction, and by the process of evaporation, and that heat is also used in warming and moistening the air that is exhaled from the lungs. To compensate for this loss heat must be, and is, constantly generated within the organism. If the heat production and the heat loss were equal and uniform, the nearly unvarying temperature of health would be maintained, but no argument is needed to show that these are not uniform. The variations in the temperature and humidity of the air would alone be sufficient to cause wide variations in heat loss, and there are other factors that determine this to a considerable degree. By some means, therefore, there must be generated in the body, heat equal in the aggregate to that discharged from it, and as the latter is inconstant, so must the former be inconstant. "The maintenance of a uniform body heat under these conditions implies some mechanism by which these are brought into harmony, and the mechanism which does this must be in intimate relation with heat production on the one hand and heat loss on the other, so that the smallest variation in either process will call into operation thermal tendencies whose resultant is back towards the normal" (MacAlister). Increased discharge of heat must be promptly compensated by increased production, and increased production must be immediately relieved by increased loss. The promptness with which this regulation is accomplished, the extent of tissue affected by thermal variations and the sensitiveness of the mechanism that accomplishes it, easily lead to the conclusion that this regulating apparatus is nervous, and enough has already been ascertained by observation and experiment to confirm this view. It will therefore be seen that the phenomena involved in a study of this question are heat production, heat loss and heat regulation, or as MacAlister designates the processes, thermogenesis, thermolysis and thermotaxis. A solution of these three processes would be a solution of the question of the maintenance of uniform normal temperature, and a solution of the cause and mode of disorder of any or of all of them, would be a solution of the phenomena of fever. MacAlister, to whom much is due of what is here stated, has had able co-workers in Leibermeister, Gaskell, Meade Smith, Traube, Ord, Wood, Sanderson, Welch and others, and their labours have dispelled much of

\* Read before Ontario Medical Association.

the darkness that has always surrounded these questions, although there are nooks in which, as yet, scarcely more than dim twilight prevails. It would be tedious to pursue the steps that have led up to a clearer and more accurate knowledge of this subject; indeed, it would be impossible to do so in so short a paper as this is intended to be, or to go over the untenable ground that has been occupied and abandoned; suffice it to present those deductions and conclusions that seem to offer the most satisfactory explanation of the phenomena of fever.

Dr. MacLagan, in an essay written in 1887, maintains that the source of heat in the body is due entirely to retrograde metamorphosis of tissue, and that heat so produced is a waste product and is eliminated, just as urine and carbonic acid are waste products and are eliminated. In health the equilibrium is maintained between production and elimination of heat and the temperature is stable; in fever this equilibrium is destroyed and the temperature rises. He contends that hyperpyrexia is distinct in its origin from ordinary pyrexia; that while the combustion theory will account for the latter, the former requires the introduction of a nervous element to produce it. He believes that the thermic centre which Wood has shown to be in the upper part of the medulla, and which exerts an inhibitory influence on heat production, may become paralyzed, and that when it does, there being no restraint on the thermogenic mechanism, there is no limit to which the temperature may rise and hyperpyrexia results. It is difficult to accept a theory which accounts for ordinary pyrexia by metabolism alone, and for hyperpyrexia by the introduction of a nervous element whose influence only then comes into operation.

The experiments of Meade Smith and of MacAlister show that "when a muscle is artificially stimulated two processes are set up in it, one, as it were, explosive and manifested by change of form and the performance of mechanical work; the other more continuous and manifested by increased development of heat. These two functions seem to be independent of each other, for by repeated stimulation one may become exhausted, while the other is little, if at all, impaired. Heat will cease being generated for a considerable time

before stimulation fails to cause a contraction. MacAlister also found that when the temperature of the whole animal is reduced by exposure in a cold medium, the thermogenic function of a muscle so cooled is greatly lessened or completely abolished, while the contractile function is little, if at all, impaired. This fact has an important bearing on the treatment of the febrile state, as will be pointed out hereafter.

It has long been known that the circulatory and respiratory systems are enervated by two kinds of nerve filaments whose functions are of an opposite character, the one being motor and the other inhibitory, and it is admitted that their nervous mechanisms are the ones that control heat loss. It is also known that the uterus undergoes rhythmical contractions during the whole term of gestation, and it is claimed by some that it does so at all other times; that the bladder and ureters act in a similar manner in propelling the urine; that the muscles of the scrotum and intestines present similar phenomena, and that the lymph channels are under the control of rhythmic nervous influence. Reasoning from analogy we may assume that "all muscular tissue is enervated by motor and inhibitory nerves, the one set catabolic and presiding over disintegrative changes in the muscles which are manifested; first, by thermogenesis, and second, by contraction; the other set anabolic and setting reconstructive changes in the muscles which are manifested by inhibition of motion, on the one hand, and by absorption of energy on the other. If these views be accepted, and if all muscular tissue is supplied by motor and inhibitory nerves which produce rhythmical contraction during the whole term of life, it will be easy in the light of MacAlister's experiments on living muscle to account for a large share of the normal body heat generated in the muscular system. He affirms that no less than four-fifths of all normal heat is produced in the muscles, the other fifth being chiefly generated in glandular tissue and in the digestive process, and he further affirms that heat is constantly generated in the muscles independent of their contraction although the latter increases it. The various forms of pyrexia may be explained on the system of thermogenesis, thermolysis and thermotaxis by reference to the predominance of each of these processes. If thermogenesis be in



excess while there is not a corresponding increase in thermolysis, the temperature must rise; if thermogenesis be normal and thermolysis from any cause be inadequate, the temperature must also rise. If the cause disturbing the harmony between thermogenesis and thermolysis be so potent that compensation is no longer possible, fatal hyperpyrexia results. The agent that deranges any or all of these processes may be anything acting directly on the nervous centres that control them, or indirectly on them through the blood. We know of a great variety of poisons that act in the latter way, notably such as have been found in the eruptive fevers and in malarial fever.

Clinical observation of fever constantly impels one to seek an explanation of its manifestations, and it is more with the view of receiving than of imparting information that I mention some difficulties that have perplexed me. Every physician is familiar with the influence of fever on the respiration, especially in children. Sixty, eighty, or even ninety respirations a minute are not uncommon in children under a year old when suffering from a temperature of  $104^{\circ}$  or  $105^{\circ}$  F., and this when the respiratory organs are free from disease. It cannot be due directly to the poison causing the fever because a rapid reduction of the temperature by means of the cold bath promptly reduces the respirations often to the normal rate, and yet the cause of the rise of temperature is not removed by the bath. Doubtless the rapid breathing promotes heat loss, and is in this way conservative. Obstetricians are familiar with the beneficial influence of hot-water in the resuscitation of the new born. Immersion of the child in a hot bath excites the heart very quickly to stronger and more frequent contractions, and I know a skilful physician who never administers an anæsthetic without having hot water at hand to apply over the heart should danger threaten from asthenia, and he assures me that he has seen death averted on more than one occasion by this means.

Lauder Brunton pointed out many years ago what I have repeatedly verified, that the heart of a turtle or of a frog, when removed from the body, will have its beat quickened and slowed by exposure alternately to heat and cold. These observations indicate a stimulating effect of heat on the cardiac sympathetic. Is it not fair to assume that

the hot blood of a fevered child acts in a similar way on the motor nerves of respiration, and that blood cooled by the cold bath inhibits the heart and the respiration through its action on the vagus? The conservative action of the cold bath on the heart of a fevered patient becomes evident in view of this inhibitive power, because, as Gaskell has pointed out, anabolism proceeds during the interval between muscular contractions, and when these are normally slow, or nearly so, nutrition of muscular tissue can be more perfectly maintained than when the period of relaxation is short. In a paper published in the "Transactions of the International Medical Congress," at Philadelphia, in 1876, I pointed out that a rise of temperature, from whatever cause, in a child is frequently accompanied by eclamptic attacks, that so long as the temperature remains at or above the point at which the eclamptic seizures came on the convulsions are liable to continue, and that reduction of the temperature to about the normal invariably arrests the convulsions. So far as I know this plan of treating convulsions accompanying fever was new, and I was led to adopt the cold bath treatment of such cases by the experiments of Brunton, above referred to. It appeared not unlikely that the same agent which acted on the turtle's heart in a manner quite opposite to that of heat, would, by reducing the temperature of the general circulation, and through it the temperature of every tissue in the body, counteract the stimulating effect of the hot blood on the nervous centres, and arrest the convulsions. The correctness of this supposition was fully sustained by subsequent experience, so that I have come to regard the cold bath as an absolute specific for convulsions coming on during a febrile attack.

About five years ago I had occasion to induce labour at the eighth month for threatened eclampsia. All went well until about half an hour after the birth of the child, the temperature then being normal and the pulse 75, when a violent convulsion occurred. Within ten minutes the pulse rose to 140, and the temperature to  $104^{\circ}$  F. There was no subsequent convulsion and in less than two hours the pulse and temperature became normal and continued so during convalescence, which was uninterrupted. Zinke, in the *American Journal of Obstetrics* for January, 1893, relates a somewhat

similar case. The patient at the time of the first convulsion had a pulse of 80 and a normal temperature. There were four subsequent convulsions about two hours apart, the temperature rising higher after each fit, until the last, when it registered 109.4 Fahrenheit. I have usually observed a marked rise of temperature after a puerperal convulsion, and am unprepared to offer an entirely satisfactory explanation. Of course, other causes than nerve stimulation may contribute to the rise of temperature in these cases, as increased retrograde metamorphosis of tissue, or from the sudden accumulation of heat in the body from arrest of those synthetical changes that are involved in the elevation of protoplasm into organized tissue, changes which we know require the conversion of heat into a different form of energy, and in which form it remains stored until released by metabolism later in the cycle, and again assumes the form of heat. I have thought it likely that all of these thermic factors, acting in unison and with unusual potency, cause a sudden increase of heat, and that the thermotoxic mechanism fails to respond in a prompt and normal way so as to bring about an equally prompt and active thermolysis, or, if I may so express it, the thermotoxic apparatus is caught napping, and before it can open the flood-gates of heat loss the temperature rises.

While it is difficult to over-estimate the value of the thermometer in clinical work, it should not be overlooked that what it reveals is not always a true criterion of the mildness or of the gravity of the disease under treatment. Experience proves that many febrile diseases run a favourable course when a high temperature is registered throughout, while others, with only a moderate rise, baffle all our efforts and prove fatal in spite of all we can do. Paradoxical as it may seem, there may be rise of temperature without fever, and there may be fever without rise of temperature. It is true that rise of temperature is one of the most constant symptoms of fever, but it will be readily seen that inadequate discharge of heat from the body through any interference with the apparatus that subserves this function, while at the same time there is only the normal production of heat going on, will cause a rise of temperature, as indicated by the thermometer, and yet it would be incorrect to designate this as fever, because the changes in the tissues essential

to the febrile state, such as increased production of urea and carbonic acid, are not taking place. Again, there may be catabolic changes of so active a character going on as would be sufficient, under ordinary circumstances, to produce a rise of temperature; but, at the same time, the factors that regulate heat discharge may be so active as to more than balance the increased production, and a normal or even a sub-normal temperature would result. These considerations should always be appreciated in adopting therapeutical measures in febrile diseases. Rapid wasting, as indicated by the increased amount of effete material discharged by the emunctories, offers a clear indication for maintaining these emunctories in an active condition, and at the same time, for adopting measures to sustain the digestive and assimilating organs, and for supplying nourishment suitable in quality and quantity to the changed conditions of nutrition. Antipyretics should be regulated in the same judicious manner, always endeavouring to ascertain and to bear in mind those changes upon which thermic phenomena depend. The last few years have placed within our reach a great number of antipyretic agents, but I am convinced that as such all these drugs might be dispensed with and little or no disadvantage be felt. They reduce the temperature, but they depress the patient to an extent that should preclude their use in any protracted case in which frequent repetition would be necessary to maintain a safe temperature. Their use in such cases becomes less imperative while we have such a safe, potent and unfailing remedy as the bath at our disposal. To me it is inexplicable that a remedy that has been known for ages, that possesses so many advantages and so few disadvantages, that has such overwhelming testimony in its favour, should still be excluded from the armamentarium of so many medical men, or, if admitted occasionally, used in such an unscientific way as to do little more than to lead to disappointment and bring a sovereign remedy into disrepute.

Brand has given full and complete rules for the use of the cold bath in fever, and this plan has been adopted in many hospitals, and by the most progressive physicians everywhere in the treatment of typhoid fever. The evidence is incontestable that the mortality from this disease has been reduced from about twenty-six per cent. to five or

six per cent. by the systematic use of the cold bath. In 1881 my partner, Dr. McKeough, published a report of one hundred cases of typhoid fever occurring in our practice, and in which cold bathing constituted the main feature of treatment. The mortality in this series was two per cent., and other physicians have reported equally successful results from similar treatment. I have observed that in most cases where the bath has been effectually used for three or four days, the temperature thereafter does not rise as high, and that other alarming symptoms are less likely to supervene. The explanation is not difficult. The maintenance of the temperature at or near 100° F. for a few days when the cause of the fever is most active and pernicious, reduces destructive metabolism, lessens muscular exhaustion, and preserves in activity the functions of elimination, so that much of the poison is disposed of before irreparable damage is done, and the organism so relieved is able successfully to resist the enemy's reduced forces during the remaining days of the contest. The cold bath not only abstracts heat from the body, but as MacAlister's experiments show, inhibits heat production in the cooled muscles, and so acts beneficially in the inceptive process of heat formation. Winternitz has pointed out quite recently that the white corpuscles are greatly increased in number after cold bathing in typhoid fever, the increase being double, and in some cases quadruple. These observations have been extended and confirmed by Dr. Thayer, of the Johns Hopkins Hospital, who is still engaged in a series of investigations which promise fruitful results. If the theory of phagocytosis be accepted, the conclusion is inevitable that this astonishing increase in the white corpuscles must lead to great and more rapid destruction of the morbid agent that produces the trouble.

In concluding this paper, it may not be uninteresting to present briefly some cases illustrative of the beneficial effect of the cold bath, and I shall first select two cases of scarlet fever which, on account of their similarity and termination, strongly impressed me. In 1872 I attended a young woman in her second confinement. When the child was born her temperature was 104° F., and the scarlatinal eruption was fully developed. Next day the temperature continued

high, and at eight o'clock in the evening registered 105°. Two hours later it was 107°, and coma was coming on. The temperature continued to rise, and at midnight she died comatose, with temperature 110°. Dr. Murphy, of Chatham, saw the case with me, but we could not gain the consent of the friends to use the cold bath, and other means we tried were of no use. In 1884 I was called to see a similar case at Trenton, about a hundred miles east of this city. On my arrival, I found that the woman had been confined four days before; the rash of scarlet fever was fully out; the pulse was 160; temperature 106°, and the patient semi-comatose. Cold bathing was at once resorted to, and as the temperature fell, coma disappeared: the pulse improved in strength, and became less frequent; the stertorous breathing disappeared, and when the thermometer registered 100° the whole aspect of the case was so changed for the better that all were eager to persevere in a plan of treatment that promised so well. During the next four days frequent bathing was necessary to control the temperature, but after that time convalescence was uneventful, although it was remarked that even after fever disappeared the pulse remained 130 and feeble for many days.

During the summer months, few diseases are more fatal to children than acute diarrhoea. These cases usually develop suddenly from some error in diet; the child vomits, becomes restless, moans, soon looks pinched about the face, rolls its head on the pillow, its pulse becomes feeble or disappears entirely from the wrist, and its extremities become cold and blue. In a large majority of such cases, the rectal temperature will be from 103° to 105°, and unless prompt relief be afforded, they will die. It is in these cases the cold bath acts like magic. The moaning and restlessness disappear, the respiration becomes slow and easy, the extremities soon become warm after the bath, and sleep is generally secured, often before the child is removed from the water. A purgative and care in feeding often complete the cure, but the temperature should be controlled by the bath until the danger is past. I have for many years depended on the cold bath or cold sponging in acute bronchitis, and in lobular pneumonia of children; in some cases of lobar pneumonia, in acute dysentery with high fever, and, indeed, in



most febrile diseases in which high temperature is a prominent feature, and I have never had cause to regret its use. In saying this, it is not to be understood that other medicines are to be neglected or other indications overlooked.

---

### Correspondence.

---

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

---

DR. SANGSTER.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—As a preliminary to the discussion of the ethics of the professional tax, it is necessary to inquire in whose interests the Medical Council was created and exists—since, it is obvious that, the onus of support necessarily runs with the service rendered. We are met here, if not with a variety of opinions, certainly, with a diversity of statements.

1. Individual members of the Council, notably the late president, have time and again asserted that a main function of the Medical Council is the protection of the public. You yourself, (*Ont. Med. Jour.*, vol. 1, p. 290), in speaking of it, go a long step beyond this, and declare that “Its chief object is the protection of the public.” This is sufficiently explicit. If it were correct, it would follow that the Medical Council should subsist chiefly on a subvention from the public chest, and the injustice of attempting to specially tax the profession, in the public service, would need no comment. The statement, however, is not correct. The Council was not created and is not run in the special interests of the community. It does, indeed, afford some protection to the public—not directly, but incidentally—in the same way, and, to the same degree, that the Benchers of the Law Society, the Council of the College of Pharmacy, and the Board of the College of Dentists protect the public. In the interests of the medical schools and the medical profession, it strictly exacts a high standard of professional requirements, and, in doing this, it in some measure guards the public, indirectly, from incompetency on the part of medical practitioners. To this extent, but no farther, the Council exists in the interests of the people.

2. A large section of the profession has, for years past, labored under the impression that the

Medical Council was established and is maintained, solely or mainly, for the benefit of the medical electorate. There are now, comparatively, few medical men in the province, who have not been thoroughly disabused of this flattering but misleading fiction. The idea was engendered, perhaps, by the fact that all other professions are strictly self-governed, and it is, I confess, hard for us to admit that we are not equally favored. Then, too, the annual tax—though only moderately successful as a means of securing funds—greatly strengthened the notion that the Council is exclusively a professional institution. I have no desire to deny the fact that it does, in a subordinate degree, protect the profession, and care for its welfare. It does this both directly and incidentally, but chiefly the latter. It directly protects us by instituting proceedings against illegal practitioners, and, also, in some small measure, by the action of its Committee on Discipline. But the poverty and inadequacy of its efforts in this direction—if, indeed, efforts they can be called—is evidenced not only by the extent to which quacks, illegal practitioners and itinerant vendors of their own nostrums, still abound, but also by the fact (*Financial Returns*, 1869-90), that for the first twenty years of its existence, or up to 1890, its net outlay, on this phase of protection, in excess of its receipts in the same connection, amounted to just \$448.27, or an average of \$22.41 annually! Even this appears to overstate the facts of the case, as, although the sums are not given in the returns, the fines seem to have been a source of revenue to the Council, during the ten years preceding 1880. Section 40 of the Ontario Medical Act is conceived purely in the interests of the profession, and, although its application does not in any sense depend upon the Council, to that body belongs the credit of having procured the provision from the legislature. The protection afforded by the stringency of its examinations, and by the extent of its professional curriculum, was primarily devised in behalf of the schools, and is still principally so applied. The Council, in effect, says to all aspirants for its diploma: “Here is a very advanced course of medical studies, conformed to fully only by our own provincial colleges, and this is supplemented by several rigid examinations, largely conducted by the teachers in those colleges; it ought not to require any special

gift of discernment on your part, to enable you to see that you can more profitably and better prepare yourselves, for entrance into the profession in Ontario, by attending these than by going elsewhere." And then, as I shall show presently, as if this were not enough, it adopts a code of regulations and enacts by-laws designed to prevent all access to the profession except through the portals of these highly favored educational institutions. Still it cannot be denied that the Council's curriculum and examinations—though confessedly devised in the interests of the schools—do *incidentally* also protect the profession. The matriculation standard—to the very limited extent to which it has been raised—has been advanced, obviously and directly, for the benefit of the medical electorate, because low entrance requirements are used to entice many to begin the study of medicine, who, with a less widely-opened door, would have been compelled to look elsewhere for a vocation. The deplorably overcrowded condition of the medical profession in this province is, perhaps, more chargeable to the Council's neglect to duly raise the standard of matriculation, than to any other cause, or, indeed, than to all other causes combined. Probably, in the estimation of all thoughtful medical men, the very heaviest count against the territorial representatives in the present Council is their mistaken, if not traitorous, acquiescence in last year's degradation of the matriculation standard. Seldom or never have the requirements of the schools so clearly and openly clashed with the interests of the profession, and never were the latter more basely surrendered. I commend the whole debate, as reported in the Announcements of last year and the year before, to the thoughtful and critical examination of your readers. Not a few of us are of the opinion that the facts there displayed should relegate every territorial representative in the present Council to private life. It has been boldly denied that there was any such degradation of the entrance requirements. Any one can compare the requisites for matriculation, as given in the beginning of the Annual Announcement of 1890, with those given in that of the present year, so as to satisfy himself, or, if a doubt still remains, he can submit the question to any High School master in the province. Botany and French are options in the Primary Examinations which

every student must pass before being admitted to the higher test, and Chemistry and Physics were, and still are, absolute requirements for the Junior Leaving or Second Class Teacher's Examination. Premising this, it is clear that, while the Junior Leaving Examination, or the standard heretofore in force, and the Departmental Pass Matriculation Examination, or that now exacted, cover precisely the same ground, the former was between one-fourth and one-third higher than the latter, because *that* required, on the part of matriculants, ability to obtain 33% on each individual subject and 50% on the whole, while *this* demands only 25% on each subject and 40% on the whole. The upshot of the matter is that the Council does protect the profession, but only to the extent permitted by its more exigent fealty to the schools, and—in accordance with the canon that the burden of support rests upon all the interests served—we at once frankly admit that, provided no fundamental principle of constitutional government is violated in its assessment, or rule of equity infringed, the profession must contribute its share towards the *necessary* expenses of the Council.

3. The Medical Council itself, in the much published pamphlet written by its president, distinctly and expressly claims that it was created solely in the interests of the medical schools, and that the profession was assigned twelve seats in it—not from any keen appreciation of the "eternal fitness of things," or from a mistaken notion that practitioners, as such, had any legal or moral right to a voice or a vote in its proceedings—but simply that their representatives might serve as a balance of power between the rival educational bodies. This, we are all agreed, correctly describes the origin and design of the Medical Council, and, had we required any reminder that our territorial representatives are, in the opinion of the schools, only admitted to seats in the Council on sufferance, it was somewhat offensively furnished to us, by one of the university appointees, last year (Announcement 1892-93, p. 236). Does the Council still respond to the motive of its inception? Is there sufficient evidence to warrant us in affirming that it is still run in the interests of the schools? In my opinion, the fact is not open to question. No one can examine its record and by-laws, without at once perceiving the remarkable care and stringency

with which every privilege and immunity of the schools is guarded. Access to the profession, in Ontario, is practically closed against all but the students of Ontario medical schools. The Council has acquired and holds the vested right to "enact by-laws as to the terms upon which it will receive the matriculation and other certificates of colleges and other institutions not in the province of Ontario." Partly by means of the regulations and by-laws thus made, and largely, also, by the partial composition of its Examining Board, it teaches even McGill students that candidates, seeking for its diploma, who have had the good taste to attend one or other of the local schools, occupy, in the examinations, a vantage ground not accessible to outsiders. Howsoever eminent or distinguished graduates in medicine from recognized colleges in the United States, France, Germany or other foreign lands, may be, they can qualify themselves to practise here only by attending one or more sessions in an Ontario school, and passing the matriculation and other prescribed examinations. Graduates in medicine from Oxford, Cambridge and other British universities, are required to pursue the self-same course, unless they have become British Registered Medical Practitioners, in which case, provided they can prove that they have been domiciled in Britain for five years after becoming so registered, they can qualify by paying all fees and passing the intermediate and final examinations. Can you suggest, sir, any more rigid system of protection in favor of the schools, than these Council rules and regulations secure? "But," you may say, "do not these regulations in some measure prevent a greater influx of candidates for admission into the profession in Ontario?" Unquestionably, yes; and thus, incidentally, they benefit the medical electorate. My argument is, not that the profession is not thus benefited indirectly, but that the schools are thus benefited more largely and more directly—that these regulations and restrictions were devised, primarily, not to protect the profession, but to preserve the privileges of the educational bodies. In a word, I am seeking to show, and I think I have conclusively shown, that the schools are protected and fostered by the Council more stringently and more directly than the profession is, that they are more vitally interested in the maintenance of the Council, and that they are bound, at least

equally with the profession, to contribute to its support. Had it been the object of the Council to lessen the influx of aspirants to an already greatly overcrowded profession, it could have effectually reached the desired end, by elevating the matriculation standard to a university degree in Arts, or even to the second or first year's University Pass Examination. This, however, would have deprived the educational hoppers of their all-important annual grist, and so, in place of being raised, the requirements were lowered.

Now, Sir, in commenting on my letter, let me beg you, if possible, to avoid posturing on the editorial trapeze. Do not deny the degradation of the matriculation standard, and do not insult the common sense of your readers, by seeking to shift the onus or the odium of that degradation on to the shoulders of either the Minister or the Deputy Minister of Education. And, above all, do not dishonor your associate territorial representatives by attempting, in this connection, to vindicate their honesty at the expense of their intelligence.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Oct. 18th, 1893.

---

DR. BURROWS.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

SIR,—I am one of those who are pleased to have an official organ, and as well that its columns are open to communications from the members of the medical profession, and reach every practising physician, as they are thus placed fairly before the profession and judged by a jury of compeers.

In your issue of September last, I thought right to offer some thoughts that presented themselves to my mind, at that time of excitement, "Crumbs by the Wayside," as it were. Not perhaps palatable food for the Council, they were not intended to nourish its vanity to any very great extent. However, they were my individual views, and I am free to state, were accorded a full, free insertion in your journal. From the number of letters I have received, it would appear that there are other members of much the same way of thinking.

In your September issue is a letter from Dr. Sangster, followed this month by one from Dr. Lovitt. Dr. Sangster may honestly feel that he is cham-



pioning a good cause, but was perhaps, too severe, while Dr. Lovitt's letter, to my mind, was simply inexcusable. It is said a certain character is not as black as he is painted. Dr. Sangster was my guest at a sanitary convention in this town; he was affable, gentlemanly, able in controversy, and made many warm and true friends. He is a man I very much respect, and I was pained indeed to find him thus attacked. I need not epitomize other letters or editorial comments; only express the opinion that there have been some things published that it would have been better had they not been written. All fair-minded men must feel disgusted by rude personalities.

There are, no doubt, some who are not in sympathy with the Medical Council, and who do not endorse their acts—some who would annihilate and destroy it, to, perhaps, build on new and improved principles; still they are few who would wish to undo that organization *in toto*. There are a larger number, and with these I heartily sympathize, who would rather modify and improve and who have no ulterior or selfish interests to serve, who only wish to make it, in fact, more strongly an exponent of the wishes and interests of the profession. Something has been gained by its formation; a certain legislation has been secured, a status given, and on the present foundation may yet be raised a superstructure powerful for good, if the electors, as architects, only do their duty.

As a representative body, they are open to fair, honest criticism, and in this they will not be disappointed, if we may judge from the letters that have appeared in the medical journals and daily papers. If they have in any degree done wrong in the past, they will now know that they are being closely watched, and will be the more strictly circumspect in the future. This is what we want, and instead of belittling and abusing, would have them worthy the confidence of the profession, and would rather praise than blame, would rather hasten than delay the day when they should be worthy, claim and receive the same respect as is accorded the Benchers by the legal profession, the College of Pharmacy by the druggists, the Dental Society, Veterinary, Millers' Association, *et id omne genus*. We do not hear of factious opposition

to these bodies, even though they may to individual members be in some degree objectionable. With these there is a community of interest that is best served by a representative board, and this is placed above and beyond all minor questions, and this, I take it, should be the case between the practitioner and the Council.

As it is now, so it has been for years, outside the regulation of examinations, the collection of assessments and other clerical work, the action of the Medical Council is circumscribed and limited, not by legislative enactment alone, but by lack of moral support. They are hounded and hunted and forced to retreat or defend themselves. Let the fault lie where it may, such is the fact, and until a better feeling is secured between them and the profession outside, they cannot act as, perhaps, other circumstances more favourable, they might. We abuse and annoy without giving a fair chance, which, I take it, is not British fair play.

I for one am glad that we are on the eve of an election. I can only regret that the electorate cannot in larger degree secure true expression. I regret that colleges without medical staffs may balance a corresponding number of members elected by popular vote. I regret that the Homœopaths have undue representation, and I do hope the day may come when these anomalies may cease; then, and only then, can we hope to bring the Council into complete accord with the practitioner; then, and only then, may the Council take its merited place before sister organizations, *e.g.*, Provincial Board of Health, Dominion and Provincial Medical Associations. To have the influence of the medical profession, the Medical Council should first represent the whole profession; when they do this they will have influence with the Government, and will secure such legislation and such reforms as are now being demanded.

We want measures taken to secure a uniform interprovincial examining board, and do away with the ridiculous farce of an examination, when one chooses to move to another province, yet remain under the same flag and owe allegiance to the same sovereign.

A Health Department under an administrative head in the Government at Ottawa; payment of

medical witnesses before police magistrates; coroners' fees made fairly remunerative; changes advocated by the Medical Defence Association; legislation to remove the injustice of lodge remuneration, and to regulate Benefit, Railway, Insurance Association fees. In the face of pressing needs, is it not better to infuse new blood than risk delay in immediate reorganization? Let the medical electors choose men independent of lodge influences, men from town and country alike. While city voters elect city representatives, see that a fair proportion of country practitioners are elected as well. Let every section of our province be represented, and having cast your ballots, give the new Council your confidence and support, stand by and encourage them, and working shoulder to shoulder without recriminations or bickerings, good work will be secured, and a better state of things inaugurated.

I am, Sir, yours truly

P. PALMER BURROWS,

Lindsay, Oct. 30th, 1893.

---

DR. J. M. COTTON.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

DEAR SIR,—In accordance with a personal note addressed to the members of the medical profession in Territorial Division No. 12, I beg to briefly express my views on a few of the more important matters agitating the minds of the medical gentlemen in this province.

From a close and impartial observation, let me respectfully suggest that the keen antagonism recently carried on by Medical Defence Association on the one hand, and the Ontario Medical Council on the other, has in some instances degenerated into a personal conflict, and should be so treated by the profession.

The Ontario Medical Council had its birth in the spontaneous desire of the profession in this province, with the sole aim of elevating the profession and advancing medical education, the combined benefit being conferred on our entire population.

While this has to a large extent been accomplished, I am unable to endorse all of their proceedings.

On the much-discussed question of annual fee, which is more sentimental than expensive, I am of the opinion that the extreme measure of erasing a name from the roll as a penalty for non-payment should not be permitted; on the other hand, as a matter of professional pride, it is incumbent on us to see that the Council has funds sufficient, when prudently applied, to conduct our professional welfare.

The most casual observation will teach us that, in a comparatively new country like Canada, with higher education only well commenced, we cannot hope to have those self-sustaining institutions as in Europe, where they are centuries old. In passing, I might say the lawyers (a profession not illustrious for self-sacrificing tendencies) pay an annual fee of \$17, the druggists \$4, and the dentists \$2, and consider it in their interests to do so.

As to the propriety or impropriety of the real estate and building project, the time for discussing that is long past. The building is there, and the only course open is, by judicious and concerted action, to conduct it in a manner that will be in the interest of the profession.

I cordially concur in the increase of the elective members by five, as granted at last session of Parliament.

I favour collegiate representation being restricted to those colleges engaged in medical education, and if elected will endeavour to accomplish this. I consider it in the interest of the profession to let the homœopathic representation remain as at present. If that is reduced, they will demand from Parliament, with almost certain success, their degree-conferring powers, which they relinquished on making the present arrangement. With that power they would send out graduates at their own will beyond the Council's control. This is the strongest possible argument for the retention of the present system.

I trust these views will commend my candidature to your favourable consideration, and that I may be honoured with your cordial support. If elected, I will do all in my power to advance our mutual interest.

Yours very truly,

J. M. COTTON.

Lambton Mills, Nov. 1st, 1893.

## LODGE DOCTORS.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—The injustice done to the medical profession by benefit insurance societies and large manufacturing and railway companies, having the members of those societies and companies patronize the salaried physician of that society or company, should be thoroughly investigated and discussed by the profession. The subject should be laid before every county, provincial and international medical association, and after being thoroughly discussed in all its relations, the decision could be laid before the Medical Council for them to take final action on.

I believe we should attack those lodge and contract doctors and show them the injustice their example is doing the medical profession, and that they are doing hard and arduous medical work for wealthy corporations and societies for one quarter what it is really worth.

I know of one case where the salary paid the contract doctor will not pay for the drugs and instruments used in treating the men that are placed under him. What justice can that doctor do those men or himself? His only hope for making a living is to use the cheapest remedies and materials and charge these men's wives and families full fees and more when he gets them under his care.

I was pleased with the two letters that appeared in the JOURNAL on this subject, particularly because they opened up the subject for discussion, and hope that more of the medical men will give us the benefit of their opinion.

There was one thing in those letters I did not agree with or approve of, that is, attacking any particular organization or company. If we try to relieve ourselves from this injustice on that line, we will find ourselves fighting the most powerful and wealthy societies and companies in the land, who are as great offenders as the one that has been singled out. If these societies can bring grists to their mills by advertising "Medical Attendance to our Members Free," and other such attractions, they will continue doing so as long as they can obtain physicians who will do their work for a mere nothing. I know that they are more or less to blame, but the physician who gives his valuable

knowledge for one quarter what it is worth is a great deal more to blame, and let us get after these men and point out to them plainly and ask them to cease acting so unjustly to themselves and the profession.

The fact of a man being treated, say, through a severe attack of typhoid, for *one dollar* is an injustice to all medical men. Now, I for one will admit that I was once a lodge doctor for two lodges in our town, the I. O. F. and C. O. F., and was enjoying a salary of one dollar from each member of each lodge for the year. During the time I was court physician for these two lodges, I treated men through severe illnesses almost free of charge. One case I visited some fifty times, which visits only cost the patient one dollar. This was an injustice to me, and the example was a great injustice to the other physicians of the town. I know that my being court physician for those lodges gave me an undue advantage over the other physicians, and also placed several patients in my hands that they could not reach. Every way I viewed the matter I could see it was unfair to others and myself. I acted on my convictions and asked each court to relieve me from being their court physician. I placed the matter fairly before the members. With the I. O. F. I had no trouble, as their constitution will allow them to be without a paid court physician (see Constitution of 1890, Sec. 151, Subsec. 18). With the C. O. F. there was more trouble, as their constitution did not provide for any such change, but I believe the court passed a special by-law for the case.

I am a lodge doctor no more, and never will be again on any such terms. The two courts to which I have referred have now been three years or more without the services of a paid court physician, and they are prospering just as well as when they had one. These courts both have a large membership, and are yearly increasing their membership.

I have been quietly discussing this question with my neighbouring physicians, and find them all favourable to taking a stand against doctors hiring themselves to societies or companies. I am aware that there are corporations and large manufacturing companies that are as bad as the societies, but I do not believe anything can be gained for the cause by attacking them. Let us direct our fire



against any physician who will hire out his services to those concerns. To say the least, it is unprofessional.

Yours truly,  
R. OVENS.

Forest, Ont., Oct. 16, 1893.

---

### Book Notices.

---

*American Text-Book of Gynecology.* Mr. W. B. Saunders, publisher, of Philadelphia, Pa., announces this work as ready for early issue. It is the joint work of Drs. Howard Kelly, Pryor, Byford, Baldy, Tuttle and others, who stand before the profession for all that is progressive in gynæcology. The work will contain operations not before described in any other book—notably ablation of fibroid uterus. It is designed as a profusely illustrated reference book for the practitioner, and every practical detail of treatment is precisely stated.

---

*The Report of the Department of Pathology of University College, London, 1892-93, together with a Collection of Papers and Abstracts published from the Laboratory.* Vol. I. Edited by VICTOR HORSLEY, F.R.S., F.R.C.S., and RUPERT BOYCE, M.B.

In the introduction of this, it is stated that this is the first of a series of collected papers, which, it is hoped, will appear from year to year; and, judging by the papers in the present report, we think it will be in the interests of the medical profession to have this report appear annually.

When we say that the report consists of a series of collected papers by such eminent pathologists as Horsley, Boyce, Russell and Harris, we feel that further comment is unnecessary. A number of excellent plates, relative to the papers, appear in the report.

---

*Essentials of Minor Surgery, Bandaging and Venereal Diseases.* Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By EDWARD MARTIN, A.M., M.D. Second edition revised and enlarged. Seventy-eight illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. 1893.

The second edition of this little work has been enlarged and revised, and will prove of great value to the student of medicine.

While this work is not to take the place of a

text-book, its greatest value to the student lies in the fact that it brings before his mind the chief practical points of minor surgery in a very short form. The different bandages and the methods of applying them are fully explained. This, we think, is the most valuable part of the book, as this branch of minor surgery is, as a rule, neglected in the larger text-books. The chapters on Venereal Diseases are good and well written.

Altogether, the book contains much useful and practical advice, and we have much pleasure in recommending it to medical students and to those practitioners who wish to refresh their minds on this subject, and who have not time to devote to the reading of large text-books.

---

*The Medical Profession in Upper Canada, 1783-1850.* An historical narrative, with judicial documents relating to the profession, including Biographical Sketches and notices of over 1,000 doctors, with illustrations. By WM. CANNIFF, M.D., M.R.C.S. Eng., Author of "Principles of Surgery," "Settlement of Upper Canada," etc. Wm. Briggs, publisher, 30-36 Temperance St., Toronto.

A circular has been issued to the medical profession and the public containing this announcement. In a glance at the list of well-known names who have subscribed, the excellence of the work will be fully realized. Dr. Canniff's reputation from his previous works makes us look forward very favourably for this one, which will be of such great interest. We are pleased to append the opinion of *The Week* on the subject: "Probably no one in Canada is better fitted to tell the story of the medical profession of his own country than the talented author of that valuable historical work, 'The Settlement of Upper Canada,' and of the competent professional treatise, 'The Principles of Surgery.' To love of country, thorough knowledge of her traditions and history, lengthened experience as a medical practitioner, wide and intimate acquaintance with prominent members of his profession, and ready access to records of other days, Dr. Canniff adds the enthusiasm of the student, and the requisite literary qualifications. A moment's thought of the past brings up the historic figure of Dr. John Rolph, and the cherished memory of Dr. Christopher Widmer. How important and attractive such a work can be made is

suggested by a glance at the table of contents of the proposed volume, 'The Medical Profession in Upper Canada—1783-1850.' Here the work of pioneer medical men, the proceedings of early medical boards, numerous biographical sketches and records of events in our early history are foreshadowed, together with an appendix of appropriate historical documents. The profession and the public look forward with interest to the coming volume, and many prominent Canadians have already ordered early copies."

*Anatomy, Descriptive and Surgical.* By HENRY GRAY, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. PICKERING PICK, F.R.C.S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1,100 pages, with 635 large engravings. Price with illustrations in colours: Cloth, \$7.00; leather, \$8.00. Price with illustrations in black: Cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Brothers & Co. 1893.

With the present edition of Gray's Anatomy before us, and then to look back to the time its first edition appeared, one can not but be startled at the strides the knowledge of anatomy has made in a comparatively short period. The improvements in the style of this work have been very marked as each edition has come out, but the *thirteenth* is a masterpiece.

The section on Osteology has always been one of the leading features of this book; and the addition of the coloured outlines to represent muscular attachments, makes this portion of it better than ever. Where there has been a possibility of bringing about additional clearness, new plates have been introduced; we observe in the section on Articulations that some diagrams are taken from Henée, while some of Braune's plates are used to more clearly explain the relations about the elbow, wrist, knee and ankle joints. The relations about the hip joint are well shown by means of a drawing by Mr. F. A. Barton.

There are throughout the work a number of drawings made from preparations in the Hunterian Museum of the Royal College of Surgeons of England. These wherever found enable one to follow the text much more readily, and are particularly useful in the section devoted to Muscles.

The value of a little colouring matter is particularly well brought out in the sections devoted to Nerves, Arteries and Veins, where it does so much to impress upon the mind of students the course of the various structures described. Most of the Cranial Nerves, besides having a lucid description of their distribution, have also page illustrations diagrammatically representing their terminations. A similar diagram is used to represent the sympathetic nerve—that most difficult structure for the student to grasp. That portion of the book referring to the organs of Special sense has been carefully revised. Much new matter on Surgical Anatomy has been added in the various sections; this increases the value of the book materially, and will make it a useful addition to a reference library.

Thus we might continue to eulogize this last edition of Gray, but when we say it is one of the best works on anatomy that it has been our privilege to read, we have said enough.

Lea Brothers are to be congratulated upon the high state of perfection attained.

*Hernia, its Palliative and Radical Treatment in Adults, Children and Infants.* By THOMAS H. MANLEY, A.M., M.D., visiting Surgeon to Harlem Hospital, Consulting Surgeon to Fordham Hospital; member of New York Academy of Medicine, American Medical Association, International Medical Congress, Pathological Society, National Association of Railway Surgeons, etc. Philadelphia: The Medical Press Company. 1893.

Within the last twenty years there has been a marked revival in the study and treatment of hernia, and it is important for the rank and file as well as for the most noted teachers of the surgical art to have a clear comprehension of the position which the question occupies at the present time, and of the precise origin and morbid anatomy of the condition. This work of three hundred pages gives a very complete statement of the present views and methods in regard to the treatment of hernia of all kinds. The subject is dealt with systematically, practically and clearly by one who knows by experience whereof he writes. A wealth of cuts shows the morbid condition in its many forms, the morbid anatomy and the operations required in treatment. The work will well repay a close study.

*The Medical News Visiting List* for 1894. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 176 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, pencil, rubber and catheter-scale, etc. Seal grain leather, \$1.25. Philadelphia: Lea Brothers & Co. 1893.

*The Medical News Visiting List* for 1894 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical Table of Diseases, with the most approved remedies, and a Table of Doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers and the Ligation of Arteries. *The Medical News Visiting List* adapts itself to any system of keeping professional accounts. Each style is in one volume, bound in handsome red leather, with pocket, pencil, rubber and catheter-scale, price \$1.25.

*The Principles and Practice of Surgery.* By JOHN ASHHURST, jun., M.D., Burton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital; Senior Surgeon to University Hospital and to the Children's Hospital; Consulting Surgeon to the Woman's Hospital, to St. Christopher's Hospital, etc. Sixth edition, enlarged and thoroughly revised, with a coloured plate and 656 illustrations on the text. Philadelphia: Lea Bros. & Co. 1893.

Works on surgery are fairly numerous, but a new edition of so strong a work is always welcome to the reading profession. Ashhurst's Surgery is a classic, and well placed it is, and improvements on it simply mean the progress of modern surgery. A glance over the pages shows us a new chapter (III.) on "Surgical Bacteriology," with a coloured plate, showing the forms and colours of the different germs which so worry the surgeons. There will also be seen a revision of many other chapters, notably those on gynæcology and diseases of the eye and ear. The general arrangement of the work is the same as before, and it is excellently indexed.

*A System of Genito-Urinary Diseases, Syphilology and Dermatology.* Edited by PRINCE A. MORROW, M.D., Clinical Professor of Genito-Urinary Diseases, formerly Lecturer on Dermatology in University of the city of New York, Surgeon to Charity Hospital, etc. With Illustrations. In three volumes. Vol. II.—Syphilology. New York: D. Appleton & Co., Publishers.

In the early part of this volume the history of syphilis is thoroughly gone into, and though this country does not get all the credit of having originated the disease, yet, in exchange for small-pox, there seems to be little doubt but that our natives gave a great impetus to its spread, with the aid of the followers of Columbus, throughout Europe. The geographical distribution is well taken up, and an account of the various modifications the disease may have in different localities given. So widespread, indeed, is it, that one would almost have expected to see an attempt to prove its presence in some of the planets, though it would hardly be possible for it to exist in *Mercury*. Great stress is laid upon the fact of its severity in densely-populated cities; we have been enabled to verify this, and have found it so, especially in those large cities with a *mixed* population. We are sorry that our Columbian cousins have not a better idea of where we live, for if they had, we are sure the following passage would not have been printed: "Syphilis exists in nearly every part of the Western Hemisphere, to a much less extent in Greenland and the vast wastes of British North America than in the larger towns of Canada, such as Montreal, Quebec and Ottawa."

In the matter of religion, we are not a little surprised to learn that "the lower class of Jews are more often infected" than some others. If this is really the case, circumcision cannot be of as much value as a prophylactic measure as we have been led to believe.

A careful resumé of the literature bearing on the etiology is then given.

Buckley has written a good article on the modes of infection, taking them up under the heads: 1. Direct contact; 2. Mediate contact; 3. Hereditary transmission; 4. Maternal infection. Under this last heading, *infection by semen* is mentioned, and we are told that the "syphilitic element may find a proper lodgment within the uterine cavity, and so infect the woman," etc. For this, it would be



necessary for two things to happen simultaneously—a disintegration of the spermatozoa and an abrasion of the mucous membrane of the uterus; though such is possible, we think it highly improbable.

Morrow contributes a long article of great value on Syphiloderma, profusely illustrated by means of photographs and chromolithographs.

Syphilis affecting mucous membranes, the viscera, genito-urinary organs, nervous system, bones, ligaments and the organs of special sense, is exhaustively dealt with.

In considering the treatment, *legislation in relation to syphilis* is spoken of. Among other valuable suggestions, we are told that "every adult citizen should be aware, for his own sake, of the possibilities of contamination which surround him," etc.

That portion of the work devoted to *syphilis in relation to public health* should be read by every practitioner, be he health officer or not. Attention is drawn to a fallacy that exists wherever regulations governing prostitution have been enacted, and that is that there is no control over the source whence the contagion arises, or, in other words, over the *frequenters* of places of prostitution.

Stress is laid upon the fact that syphilitics should be on the *free list* of hospitals, and we would add that, in order to make such places more attractive to these people, good accommodation should be furnished, and a little consideration given by those in attendance.

In a work of this kind there is great danger of repetition, but the danger was seen early, and an effort made to avoid overlapping, by defining the ground each article was to cover. Notwithstanding this, some repetition does occur.

The work is, however, an excellent one, each article vying with the preceding in its practical character, and making the whole work of inestimable value to the general practitioner, for here he has a complete resumé of the literature on the respective subjects to date.

D. Appleton & Co. are to be congratulated upon the high class of the book-making and the beauty and clearness of the plates. Indeed, it is second not even to some of their former efforts in medical works.

The Conservation of our Oyster Supply; Evolution and Ethics; Laplace's Plan for Perpetual Moonlight; Electricity at the World's Fair; The Pestalozzian System; The Scientific Method with Children; Nature at Sea. North and South American Aboriginal Names; Immaterial Science; An Argument for Vertical Handwriting; Vegetable Diet; Origin of the Mississippi Valley Rainfall; Mathematical Curiosities of the Sixteenth Century; Birds' Judgments of Men; Sketch of John Ericsson; Editor's Table; Literary Notices; Popular Miscellany; Notes. New York: D. Appleton and Company.

#### *A Treatise on the Science and Practice of Midwifery.*

By W. S. PLAYFAIR, M.D., LL.D., F.R.C.P.: Physician-accoucheur to H. I. and R. H., the Duchess of Edinburgh; Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; Consulting Physician to the General Lying-in Hospital, and to the Evelina Hospital for Children; Late President of the Obstetrical Society of London; Examiner in Midwifery to the Universities of Cambridge and London, and to the Royal College of Physicians. Sixth American edition from eighth English edition, with notes and additions by Robert P. Harris, A.M., M.D., Honorary Fellow of the American Gynecological Society, and of the Philadelphia Obstetrical Society; Corresponding Member of the Obstetrical Society of Surgery, and of the Royal Medico-Chirurgical Academy of Naples, etc. In one octavo volume of 697 pages, with five plates and 217 illustrations; cloth \$4.00, leather \$5.00. Philadelphia: Lea Bros. & Co. 1893.

This new edition of this well-known work will only require notice from us of the changes and new ideas interlarded by reason of the advance in obstetrical practice on both sides of the Atlantic. The chapters on "Extra-Uterine Pregnancy" (VI.), "Cæsarean Section" (VI., Pt. IV.) and "Puerperal Septicæmia" (V., Pt. V.) are practically rewritten, and a new chapter (VII., Pt. IV.) on "Symphyseotomy" introduced. Porro's operation is fully described, and the position of Cæsarean section in 1893, with a tabular statement, is granted a few pages. The success of this work has been so great that craniotomy is fast being done away with. In other ways the work is very conservative, sticking to old lines which are the good and strong ones. The edition is well worth the perusal of any accoucheur.

*The Popular Science Monthly.* November, 1893.  
Edited by WILLIAM JAY YOUMANS. Contents:

# AN EPITOME OF CURRENT MEDICAL LITERATURE.

## MEDICINE.

**A New Treatment for Pertussis.**—(*Times and Register*.) Sidney B. Straley strongly advises the use of a tincture of thymus serpyllum, made from the fresh green plant. He concludes as follows :

1. Thymus serpyllum is a specific for pertussis.
2. It acts in any stage of the disease.
3. It also is a nerve sedative and gastric stimulant.
4. It is necessary to use the green plant.
5. It is perfectly harmless in doses as large as a teaspoonful of the tincture for a child of eight years (usual dose xx. ℥ to xxx. ℥ of green tincture).

6. The action is fully established in twenty-four hours, and completed in five days.

7. Indications are that there will be no recurrence subsequently, at least not more often than in cases which run the full course.—*Archives of Pediatrics*.

**Chloroform as an Anthelmintic.**—Chloroform has more than once been recommended during the last few months as an excellent agent to procure the expulsion of tape worms, but it cannot be said so far to have come into general use as an anthelmintic.

The observations of a Dutch practitioner, Dr. Stephen, once more call attention to the great value of chloroform in the cure of tape worm. Dr. Stephen in fact claims to have succeeded in bringing about the expulsion of the parasite (*T. solium* and *T. mediocanellata*) in cases which had so far resisted every form of treatment.

Dr. Stephen prescribes chloroform for this purpose according to the formula known as Thompson's :

R Chloroform ..... ʒi.  
Simple syrup ..... ʒi.

Mix. To be taken in four parts : at seven, nine and eleven o'clock in the morning, and the remain-

ing dose at one. At midday the patient should take one ounce of castor oil.

The chloroform was always well borne by the patient, even by children, seeing that one of them was a little boy four and a half years old.—*North American Practitioner*.

## New Diagnostic Sign of Typhoid Fever.

—Among all the cases of typhoid fever which he observed during the course of the last two great epidemics at Odessa, Dr. V. Filipovitch demonstrated the presence of a sign hitherto unannounced, and which he designates by the name of palmo-plantar sign. It consists of a peculiar callous aspect and a yellow, orange, or even saffron colour of all the projecting parts of the palms and soles—parts of which, in healthy subjects, are more or less rosy, and which become bluish in cases of cyanosis. This phenomenon may be explained by the weakened action of the heart, by the incomplete filling of the capillaries, and the dryness of the skin of typhoid fever patients. As he found the sign constant and well marked, M. Filipovitch thinks that it may prove of service in those cases, sufficiently frequent, where the usual symptoms are absent at the beginning of the malady. Another Russian physician, Dr. Skibnevsky, has also convinced himself, during the course of an epidemic of typhoid fever which raged in one of the districts of the government of Moscow, of the constancy of the palmo-plantar sign indicated by M. Filipovitch. The manifestation rapidly disappears when the patient becomes convalescent.—*La Revue Médicale*.—*Medical Bulletin*.

**Hektoen (L.) on Acute Ulcerative Endocarditis.**—Hektoen reports eight cases of acute ulcerative endocarditis occurring in men belonging to the labouring classes, the youngest being twenty-four, the oldest fifty years of age. One case appeared to be an example of primary or cryptogenic disease of healthy tricuspid valves. The patient was ill eight weeks ; having chills, fever and sweating daily. There were signs of pleurisy over the left lung, enlargement of the liver, jaundice, pain over the liver. There was nothing unusual noticed about the heart. The probable diagnosis was abscess of liver, and exploratory laparotomy was performed. At the autopsy, excepting the changes

on the tricuspid valve, an infarct in the left upper lobe, and fibrinous pleurisy, no other gross lesions were found.

In two cases the acute ulcerative process was engrafted upon the sclerotic valves of chronic heart disease without the known presence of any wound, septic process or acute infectious disease.

In two other cases there were external lesions through which infection might have occurred; in one the probable atrium was a superficial burn, but this case was complicated by a sero-fibrinous pericarditis, whose exact relation to the malignant endocarditis was not established; in the second case, streptococcus infection took place from a pulmonary abscess, acute aortic ulceration and a suppurative anæmic renal infarct.

The three remaining cases were associated with acute diseases elsewhere in the body; one with a double fibrinous pneumonia, one with an acute leptomeningitis, the infection coming from an unknown source; the third case occurred in a man who died with the diagnosis of empyæma following lobar pneumonia.

There was one instance of tricuspid and one of mitral disease; in the other six cases the aortic valves were primarily involved and in three the mural endocardium showed areas of necrosis and ulceration which, in one instance, led to the production of an aneurism of the undefended space and rupture into the right auricle; in one case the aorta was attacked by the extension of the process from one of the valves. It is also of interest to note the spot of vegetation or necrosis in the centre of the ventricular surface of the anterior mitral flap where it would come in contact with the vegetating mass or aneurismal bulging of the aortic valves: this spot consequently appears to be due to contact infection and was present in three of the six instances of aortic disease. In three of the aortic cases the valves were the seat of a chronic endocarditis upon which the acute process implanted itself; in one of these cases the bacteriologic examination failed to reveal any bacteria, and it would seem that the inflammatory and necrotic changes in the endocardium had fallen into temporary or permanent quiet suggesting the probability of recovery from the acute symptoms; this corresponds well with the clinical facts in the case which show that the patient died from the effects of an uncon-

pensated valvular lesion rather than from an acute infection. In one of these instances of acute, destructive changes developing upon sclerotic valves was a history of previous attack of rheumatic fever obtained, to which the chronic endocarditis could be traced.—*Jour. Amer. Med. Ass'n.—Epitome of Medicine.*

**Guenel on Effect of Cocaine on Mammary Secretion.**—In the case of fissured nipple Guénel first ordered friction with cognac, and these giving no relief were replaced by a solution of cocaine—two per cent. Under the latter all pain disappeared and the fissures healed, but the breasts became flabby and the supply of milk ceased. Alcoholic lotions led to a return of secretion. Desarnaux has seen cocaine lead to a suppression of milk twice and attributes this result to the vaso-constrictor action of the drug.—*Gaz. des Hôp. de Toulouse.*

**The Causation of Anæmia and the Blood Changes Produced by Uric Acid.**—Alexander Haig (*Brit. Med. Jour.*) says: The belief that an excess of uric acid in the blood was the cause, and not the result, of paroxysmal hæmoglobinuria and various forms of anæmia, led to the experiment of administering uric acid to produce some blood-change. It had been found that uric acid, given by the mouth, entered the blood and was excreted by the urine as such, not being changed into urea, as is commonly believed. The fraction,  $\frac{\text{Hæmoglobin}}{\text{Red Cells}}$ , is determined before and after the exhibition of uric acid, the results showing that, during its administration, the blood value fell, but when withheld, it rose again, the fluctuation bearing an exact ratio to the amount given.—*American Medico-Surgical Bulletin.*

**Rheumatic and Endocarditic Complications of Mumps.**—Dr. Catrin (*France Médicale*) reaches the following conclusions:

Articular complications occur in mumps at the rate of 2.8%, showing that this complication is a rather rare one.

The localization of this rheumatism is variable, the knees are most frequently affected, but any of the articulations may be attacked. The same is true of synovial sheaths. As in articular rheuma-



tism, before it becomes localized, there are vague pains in the joints, which finally become established in one or more, frequently two, of them ;

The parotiditic rheumatism is rarely a primitive manifestation of the malady, and generally occurs later than the orchitis ;

The clinical symptoms are as follows : local reaction rather slight ; effusion frequently considerable, the pains are usually of moderate intensity, and the general reaction is often as intense as in articular rheumatism. The evolution is usually rapid, from eight to twenty-six days, and is clearly differentiated from gonorrhœal rheumatism ;

The parotiditic rheumatism may be complicated by cardiac lesions, whose prognosis, as a rule, is not very grave ;

The prognosis of this form of rheumatism is usually favourable ;

One finds within the articular effusions the same micro-organism which is found in the parotiditic serum and the blood ;

When suppurative arthritis occurs, it is not generally very grave.—*American Medico-Surgical Bulletin*.

**Oxalic Acid as an Emmenagogue.**—Parlet strongly recommends oxalic acid for this purpose. He prescribes :

R Acid oxalic . . . . . gr. xxx.

Infusion of tea . . . . . f ʒvj.

Syrup of orange-peel . . . f ʒij.

M. Sig. : Tablespoonful every hour.

It is especially at the expected time of the appearance of the menses that this is indicated. Under these conditions it surpasses all the other emmenagogues of the most repute.—*Times and Register*.

**Hyperpyrexia due to Sun's Rays.**—A.B., a strong, healthy, able-bodied seaman, inadvertently exposed the back part of his head and nape of neck to the direct rays of the sun by passing beneath an unprotected chink between two awnings with his head uncovered. He immediately felt faint and giddy, and fell down unconscious, but recovered in a minute or two. When I saw him, perhaps ten minutes later, he told me that he thought he had been caught by the sun. He complained of intense headache, faintness and general muscular

pains. He was quite conscious, but looked much distressed. The temperature was 102° F.

#### PROGRESS AND TREATMENT.

DATE.	TEMPERATURE.	TREATMENT.	REMARKS.
October :			
24th—Morning	102.0°	Ice bag to head, pot. brom. ʒss. st.	
" —Evening	102.6°		
25th—Morning	102.8°	Sp. etheris, sp. ammon. ar. ʒss. 4tis. horis mist. sennæ co. ʒjss.	Tongue coated on dorsum, red at tip and edges
" —Evening	104.2°	Pil. col. c. hyos. gr. x.h.s.s	
26th—10 A.M.	105.6°	Quin. sulph. gr. x.	B.O. j. freely
" — 2 P.M.	105.6°	Quin. sulph. gr. x. ice pack	Condition alarming
" — 4 P.M.	105.0°	Omit ice pack	
" — 6 P.M.	105.4°	Sodii salicyl. gr. xxx.	Shivering.
" —10 P.M.	104.0°		
" —Midnight		Sodii salicyl. gr. xv. 4tis horis	
27th—Morning	99.2°	Do. Do.	B.O. ij. freely
" —Evening	98.6°	Do. Do.	
28th—Morning	99.0°	Do. Do.	All symptoms gone
" —Evening	99.0°	Do. Do.	
29th—Morning	101.0°	Do. Do.	
" —Evening	99.8°	Do. Do.	
30th—Morning	98.4°	Quin. sulph. gr. ij. ter	Convalescent
" —Evening	98.4°		

REMARKS.—The above record affords an opportunity of observing the comparative value of three different antipyretics—quinine, ice pack, and sodium salicylate. Quinine (10 grs.) had no effect whatever in checking the rise of temperature. Quinine (10 grs.), combined with ice pack for two hours, reduced the temperature 0.6°, but only to rise again 0.4° in the next two hours. Sodium salicylate (30 grs.) reduced the temperature 1.4° in four hours, and 15 grains of the same drug, given every four hours for the following twenty-four hours, brought it down to normal ; and administered during another forty-eight, kept it there. Within a week of this case I was favoured with three similar ones, but not so severe, and was pleased to find that the salicylate in doses of twenty grains every four hours acted most satisfactorily, bringing the temperature down to normal, and keeping it there, within forty-eight hours, with marked and speedy amelioration of all symptoms. All the above cases occurred in the southern part of the Red Sea during the latter part of October. Since these cases occurred I have treated several cases of heat fever with the same drug with equally good results.—E. HARDING FREELAND in *British Medical Journal*.

**Morvan's Disease.**—Eisenlohr (*Deut. med. Woch.*, June 22nd, 1893) reports a case occurring

in a young man, aged twenty-one. There was no history of inherited nervous disease or of syphilis. Some two and a half years ago vesicles formed on the left thumb. Since then similar vesicles with the development of panaritium have occurred on eight separate occasions. The attacks appeared at more or less regular intervals and lasted several weeks. Some few months ago a portion of the second phalanx of the left thumb was removed. Neither this nor the opening of collections of pus caused any pain owing to the anæsthesia. The last development of these bullæ occurred as a result of an attempt to work. The nails of three fingers were lost during this last attack. Quite recently a vesicle has appeared on the right thumb. At the present time, in addition to these bullæ, there is slight loss of power in the left arm. There is no wasting, and the electrical reactions are normal. The left triceps reflex is absent. Over the whole of the left arm and adjacent parts of the chest, sensations of heat and cold are affected as well as that of pain. Tactile sensation is almost intact, except in the hand. Farado-cutaneous sensibility is also diminished. A slight affection of sensation has been recently made out in the right hand. In the legs the deep reflexes are more marked on the left, and the superficial reflexes on the right side. Sweating was much less on the left side of the face after an injection of pilocarpin. There is no diminution in the field of vision. The symptoms in this case are almost certainly due to syringomyelia in the cervical cord. Alteration in the peripheral nerves has been found in some cases, but this would not explain the whole of the symptoms. The change in the reflexes is in favour of a cord lesion. Why certain cases of spinal gliomatosis and syringomyelia should present the appearances of Morvan's disease is as yet unknown.

—*British Medical Journal*.

**Diabetes, with Diabetic Coma, in an Infant Eighteen Months Old.**—Duflocq and Dauchez (*Revue de Médecine*, 1893, No. 6, p. 546) have reported the case of an infant, eighteen months old, always well from birth, but for two weeks constipated, in consequence, it was thought, of the use of sterilized milk, of which immoderate quantities (five pints daily) were taken. Within this time the child had become ill-tempered and

depressed, and moaned at night. The urine was passed in excess. Notwithstanding its good appetite, the child had become greatly emaciated. The mother attributed the symptoms to difficult dentition, as two canines were about to make their appearance. There was no vomiting. The abdomen was distended with gas. The pulse was feeble, the face cyanotic. On the day after the first observation, the child appeared to go into collapse, and became comatose. For the first time the possibility of diabetes suggested itself, but no urine could be obtained. The child could not be brought out of this condition, and death took place. Examination of a napkin that the child had worn disclosed the presence of a sticky powder, which, upon solution and chemical analysis, proved to be glucose. Two other cases of diabetes in infants under two years of age, in which death took place in coma, have been reported. In these also dentition was in progress. In another case diabetes developed, a few weeks after birth, in an infant that was nourished with corn-starch, a fatal termination ensuing. In one case, in an infant of seven months, diabetes developed four weeks after a fall from the nurse's arms. In some instances heredity seems to play a significant part. Among the symptoms noted in many of the cases, was a change in character. Previously bright and good-natured children became morose and ill-tempered. Constipation and abdominal distention were common. The frequency of micturition was increased, and increased quantities of urine were excreted. There were also thirst, pallor and emaciation. In some cases coma develops suddenly, and some terminate fatally. In other cases death has resulted from asthenia, pulmonary gangrene, bronchopneumonia, or generalized miliary tuberculosis. Recovery is exceptional, but has been observed. Finally, it is pointed out that the rapidity of course is suggestive of an infectious origin.—*Med. Progress*.

#### For Headache.—

R	Papine . . . . .	ʒss.
	Caffeine cit . . . . .	gr. xlvij.
	Spts. amm. arom. . . . .	ʒiij.
	Elix. guarana . . . . .	ʒiij.
	Aq. rosæ . . . . .	ʒiij.

M. Sig.: Dessertspoonful in water every hour until relieved.—*Medical Brief*.

### SURGERY.

**Earache.**—Dr. Alex. Randall, of Philadelphia (*American Jour. of Med. Science*), sums up the treatment of earache as follows :

In conclusion, then, it may be repeated that earache is often due to acute tympanic inflammation arising from a naso-pharyngeal condition which demands treatment. Cleansing and detergent sprays and post-pharyngeal painting with astringents can control this and relieve any referred pain from this location. The hot syringing will give any needed cleansing, allay the local pain, and, by reducing the inflammatory congestion, help on the resolution. Protection, local and general, with medicinal treatment of general symptoms, will generally give such prompt and real relief that the host of other remedies may remain as an unemployed reserve. The physician summoned to a case of earache can generally leave his morphine and cocaine at home, if he will take his brow-mirror, a syringe and an atomizer.—*Memphis Med. Monthly*.

**Congenital Absence of Right Kidney and Suprarenal Capsule.**—The following case may be worth recording: A man, aged fifty-one, was admitted into the asylum suffering from melancholia. He was a fairly well developed man but rather poorly nourished. The skin of his face and body was of a dusky brown colour, the pigmentation being deeper in the regions of the axillæ, penis and scrotum. The heart's action was weak, and he had a small, feeble pulse. He complained of a feeling of nausea and frequent vomiting and retching. A tentative diagnosis of probable Addison's disease was made, and he was placed under special observation. The patient committed suicide by strangulation on August 17th. At the *post-mortem* examination the ordinary signs of strangulation were found; but the point of interest was that there was an entire absence of the right kidney and suprarenal capsule. On dissection, no trace of the missing organ could be found, nor was there any vestige of a renal or suprarenal branch of the aorta or vena cava on that side. The right ureter also was entirely absent, and on opening the bladder only the left ureteral aperture could be found. The left kidney was

quite healthy but of large size, weighing 9½ oz.—  
ERNEST W. JAMES, M.R.C.S., in *British Medical Journal*.

**Intra-Intestinal Injections of Hot Water after Severe Hæmorrhage.**—There is nothing in obstetrical practice that gives the physician more anxiety than hæmorrhage. It may come on at the most unexpected time, may be slight or profuse—a drop or a flood; it may do no harm, or it may jeopardize the woman's life, and there is nothing that makes the physician feel more helpless.

Various methods are employed to refill the depleted veins and to stimulate the weakened heart. Among these are the intra-venous injection of blood or milk or saline solutions; the hypodermatic injection of brandy or digitalis or saline solutions, and the injection of hot water into the rectum.

All of these methods are good, and have been successfully employed, but they are open to the serious objections that they require (with the exception of the rectal injection) rather elaborate apparatus, and what is of much greater importance, time. When a woman is almost exsanguinated from post-partum bleeding, or from a ruptured tubal pregnancy, it is necessary to act with the utmost promptness, and if by a simple, easy method the desired results can be obtained, it is the physician's duty to avail himself of such means. We have in the common fountain syringe an instrument which will answer every purpose in such cases; it can be used absolutely without danger, either from sepsis or shock, and is always at hand.

The following case illustrates the point I wish to make: In the early autumn of last year, a boy living in one of the country towns of Vermont, was accidentally shot in the thigh. There was not a great deal of bleeding from the wound, but the leg was soon badly swollen and discoloured. He was sent to the Mary Fletcher Hospital in Burlington, where he came under the care of Dr. John B. Wheeler, who, upon examination, found that the swelling and discolouration arose from extravasation of blood in the tissues, and decided to cut down and tie the bleeding vessel (the femoral artery), as the boy's condition was such that amputation was out of the question, he being almost bloodless. Dr. Wheeler very kindly invited Drs.



H. C. Tinkham, B. J. Andrews and myself to assist him. The patient was placed on the table and etherization begun. The pulse began to grow weaker, and I expressed my doubts of the possibility of proceeding with the operation. The question was discussed for a few minutes, when it occurred to me that as laparotomy patients are stimulated during an operation by flushing the belly with hot water, the same might be done in another way in this case, which idea, meeting with Dr. Wheeler's approval, I carried out in this wise: Throwing a small quantity of salt into a quart of hot water (temperature about 110° F.), I took a Davidson syringe and put a large elastic catheter on the nozzle; I then introduced the catheter its entire length into the rectum, and through it I pumped as rapidly as possible the hot salt water. The effect was magical; the pulse grew stronger and slower, respirations were deeper, and the skin had a more healthy look. The improvement was so marked that the operation was begun. Fifteen minutes afterwards, the pulse again weakening, I introduced a stomach tube into the colon seven inches, and threw in two quarts of the hot salt water, which had the same effect as the first injection. The quantity of water caused quite a fulness in the boy's belly, but so rapid was absorption that in a very few minutes the belly was flat again. Once more, just at the completion of the operation, two quarts more was carried twenty-three inches into the colon and the boy put in bed. At that time he had a good strong pulse, and looked in much better condition than when he was put on the table. He lived fourteen days, whereas had he not had the injections he would have died on the table.

Cases are recorded where small quantities of hot water—a pint or more—have been thrown into the rectum, but I think this the first recorded case where it has been thrown above the sigmoid flexure; certainly there is no record of its having been carried up twenty-three inches.

In post-partum hæmorrhage, in abortion, in ruptured tubal pregnancy, in ruptured uterus, in fact in any case of profuse bleeding, the same plan of treatment can be carried out with a fountain syringe in this wise: To a quart of water of the temperature of 110° to 115° F. add two teaspoonfuls of salt, and pour it into a fountain syringe

from which the nozzle has been removed. Introduce the oiled syringe tube into the rectum, and push it up; should it meet with obstructions, let a little of the water run into the gut, which will be dilated thereby. Continue to push the tube in until the proper limit is reached, and then let all the water run into the colon; then withdraw the tube and be prepared to repeat the injection if necessary. There is no danger whatever in this procedure: it is simple, it is rapid, and the effects are marvellous.

The physician often loses many valuable minutes in getting ready to introduce water into the tissues—minutes that decide oftentimes the fate of his patient, and it is with the hope that my suggestion may be of value in a time of need that some poor woman's life may be spared, that some physician's anxiety may be lessened, that I present it for consideration.—JACOB C. RUTHERFORD, M.D., in *R. I. Medical Science Monthly*.

**The Role of the Posterior Urethra in Chronic Urethritis.**—Dr. Bransford Lewis, of St. Louis, in a paper read before the American Association of Genito-Urinary Surgeons, announces his conclusions as follows:

"1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.

"2. A single widely-prevalent cause for such prolongation of gonorrhœa has as yet not proved its right to recognition as such.

"3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily-prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.

"4. Scrutinizing, clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhœa.

"5. Direct topical treatment to the posterior urethra is therefore necessary in the great majority of cases.

"6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.

"7. The mode of onset usually described does not coincide with that discerned in clinical observations.

"8. These latter two observations confirm the probability that the posterior urethral infection is accomplished through the lymphatics, and explain the frequency of such infection.

"9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhoea."—*Medical Bulletin*.

#### **Péan on the Treatment of Tetanus.**—

Péan lays down the following rules as the proper method by which to guard against tetanus :

1. Whenever a patient receives a wound, however slight, it should be washed with an antiseptic liquid and covered with a substance excluding air (diachylon, collodion, etc).

2. The more extensive wounds should be washed with antiseptics with even greater care.

3. The thermo-cautery should be discarded and the bistoury substituted therefor, whenever incision is necessary either to properly shape the wound, when this is necessary, or to remove foreign bodies.

4. Ligatures should be replaced by torsion of vessels.

5. Wounds should never be left open, but should be protected from the air both during and after irrigation.

6. Irrigations should be practised as infrequently as possible.

7. The wounded region should be completely immobilized.

8. The patient should be carefully isolated.—*La France Médicale*.

#### **Treatment of Pannus by Antipyrine.**—

Roulette (*La Semaine Médicale*) describes his treatment of pannus scrofulosus by means of antipyrine applications.

The eye having been rendered anæsthetic with cocaine, a thin layer of antipyrine is deposited on the surface of the cornea with a brush, or by means of an insufflator. In spite of the previous application of cocaine, the patient complains of a rather pronounced burning sensation, which is attended with more or less abundant lachrymation. When,

after a little while, the reaction subsides, the eyeball is gently massaged through the closed lids.

Antipyrine gives rise to inflammation of the conjunctiva, varying in intensity in different individuals, and, in consequence, from one to several days must be allowed to elapse between two applications. Under this treatment, the looped vessels present in pannus rapidly disappear. This is due to the hæmostatic properties of antipyrine. It should not be used in cases where ulceration of the cornea exists. It is only in cases where there is extensive proliferation of the blood-vessels that the application of antipyrine should be resorted to.—*American Medico-Surgical Bulletin*.

#### **Chlorol ; a New Disinfecting Fluid.**—

Chlorol is a new French disinfecting fluid, said to have the following composition (*Arch. Méd. Belge*) :

Corrosive sublimate .....	} of each 1 part.
Sodium chloride.....	
Hydrochloric acid .....	
Copper sulphate.....	3 parts.
Distilled water.....	1,000 "

The sodium chloride is added to render the solution more stable ; the hydrochloric acid, to prevent the decomposition of the corrosive sublimate in presence of albuminoid matter ; and the copper sulphate, for its vomitive effects—in case the chloral should be taken internally by mistake.—*Amer. Med.-Surg. Bulletin*.

#### **Treatment of Tuberculous Peritonitis.**

—Nolen (*Berl. klin. Woch.*, August 21st, 1893) describes a new method. He would attribute any good results obtained by laparotomy to (1) the circulatory changes produced by the evacuation of fluid, and (2) the contact of air. He does not think that light has any effect. The author has accordingly practised tapping, with subsequent insufflation of air, after satisfying himself that there was no danger in this procedure. This treatment was tried in three cases, in two of which the results were very good. In the other advanced case (combined with intestinal tuberculosis) the ascites did not reappear, but the patient died eight weeks later. An apparatus is described by which air forced through the sterilized cotton wool, and then

through a flask containing sterilized water, is injected into the abdominal cavity after the fluid has been withdrawn. The apparatus is, of course, sterilized. The insufflation causes no pain, and does not give rise to any unpleasant result.—*British Medical Journal*.

**An Improved Method of Draining the Antrum of Highmore.**—Major (N. Y. Med. Jour.) gives an account of a new improved method which he has adopted for draining the antrum of Highmore. To a suitable place in the jaw from which a tooth has been previously removed, a 10 per cent. solution of cocaine is applied. Then an ordinary twist drill worked by an electric motor is used for perforating the bone, the canal being made in a slightly oblique direction from before backwards. The best size of drill is one three-sixteenths of an inch in diameter. After the drill is withdrawn and the cavity cleared of secretions, a piece of soft pine wood, pared down to a size slightly smaller than the drill, and with a protuberance at the lower end, is inserted into the opening. Plaster-of-Paris is now applied and allowed to set, so as to take an impression of the upper jaw. When set it is carefully removed, and to it is fixed the wooden peg. A metal alloy, fusible at a low temperature, is poured into the cast, and a model of the upper jaw, with the opening in position, is the result. With the aid of a mechanical dentist, a sheet of gold is beaten out on the metal model, and by this means a gold plate, which exactly fits the gum in the neighbourhood of the drainage aperture, is obtained. Into this is soldered a piece of gold drainage tube slightly less in calibre than the drill employed. The tube should be long enough to reach well into the cavity of the antrum. Later it may be necessary to shorten it; this can easily be done by removing a little from the antral end. This plate is then fixed to a tooth, or to an artificial tooth plate if used, or, if many teeth are absent, it may be fixed to a suction plate of vulcanized rubber. In order to wash out the antrum, an ordinary single-bulb enema syringe, in which one of the metal attachments is filed down so as to fit the aperture in the gold drainage tube, is used. By means of this arrangement, sixteen ounces of fluid may be made to pass into the antrum, and escape by the nasal aperture in less

than one minute. To prevent the entrance of food, the tube is fitted with a vulcanized plug, so designed as to present a rounded head at its lower end, sufficient to prevent its slipping into the tube, and to render it easy of removal with the fingers. The tube must not be left out for any length of time, as the opening will contract rapidly.—*British Medical Journal*.

---

#### MIDWIFERY.

---

**Use of Lime Water in Artificial Infant-Feeding.**—One reason why cow's milk is not easily digested by infants is that the casein formed by the action of the curdling ferment of the gastric juice is dense and tough, while that formed from human milk is flaky. The addition of lime water to the cow's milk causes it to be precipitated in flakes also, and thus overcomes this disadvantage to a great extent. A tablespoonful of lime water to an ordinary bottle of milk is enough, and a little sugar of milk may be added to correct the taste of the lime water. Courant (*Revue de Thérapeutique Médico-Chir.*) has seen the best results follow this practice in gastric catarrh of children.—*Atlanta Medical and Surgical Journal*.

**Uncontrollable Coughing in Pregnancy.**—Tripet (*Journ. de Sages-Femmes*, September 16th, 1893) observed this condition in a patient already subject to fits of coughing, which began at puberty. When twenty-six, and still single, she had pleurisy on the left side, and she suffered from winter cough, granulations forming in the naso-pharyngeal mucous membrane. A year later she married, and miscarried at the sixth week after fits of coughing. In December, 1892, the patient became pregnant once more. At the end of January typhlitis set in, but subsided after appropriate treatment. In March a mild attack of influenza occurred; the cough came on very severely. General measures and local applications to the upper part of the respiratory tract failed to give relief. Tripet remembered that he had stopped uncontrollable vomiting in a pregnant woman by cauterizing the cervix. On April 19th, the patient being four months pregnant, he examined the cervix and found it covered with granulations, which discharged pus. Iodoform was applied:



two days later the cervix was painted with iodine, and more iodoform dusted over it. On April 24th this dressing was repeated: the coughing had subsided, so treatment was discontinued till the 28th, the cough having recommenced on the 27th. Tripet touched the morbid growths with the galvano-cautery, and powdered the parts afterwards with iodoform. Severe abdominal pains followed; the patient kept in bed, and they ceased in three days. On the 28th the coughing stopped for good, and did not recur: the patient slept, and ate with a good appetite. Pregnancy was proceeding normally.—*British Medical Journal*.

born. This alarmed her greatly, but she cut the cord with scissors, wrapped the infant in a cloth and walked downstairs, telling the people in the house, in fear and trembling, what had happened. Violent flooding set in. The cord had not been tied. Early in the morning Le Blond saw the patient, and found the placenta still in the vagina. He extracted it. The mother and child did very well. Had the child died the mother would have been very strongly suspected of murder, especially if she had attempted to defæcate in a public privy, in which case the child would almost inevitably have been killed.—*British Medical Journal*.

**Unconscious Delivery.**—Le Blond (*Journ. de Méd. de Paris*, July 30th, 1893) related in July a remarkable case before the Medico-legal Society of Paris. A woman, aged twenty-seven, who had been seduced and deserted, was seized with slight colicky pains, but continued to work. In the course of the following night she was attacked with still more severe pain. Thinking that an action of the bowels would give relief, she sat upon her chamber utensil; on straining a live child was

### GYNÆCOLOGY.

**Hydrocele in the Female.**—Lammert (*Centralbl. f. Gynäk.*, No. 30, 1893) gives some valuable information on this interesting question; a full monograph on the subject appeared in the *Münch. med. Wochen.*, No. 29, 1891. The term correctly signifies a collection of fluid in an imperfectly obliterated canal of Nuck. This form of hydrocele is usually detected in pregnancy and

[OVER.]

## THE TRUSTS CORPORATION OF ONTARIO.

OFFICES AND SAFE DEPOSIT VAULTS:

### BANK OF COMMERCE BUILDING, KING ST., TORONTO.

Authorized Capital,	-	-	\$1,000,000.
Capital Subscribed,	-	-	\$800,000.

#### DIRECTORS:

HON. J. C. AIKINS, P.C., Toronto, <i>Ex-Lieut. Governor of Manitoba</i> , PRESIDENT.		
HON. SIR R. J. CARTWRIGHT, K.C.M.G., Kingston,		
HON. S. C. WOOD, Toronto, <i>Dir. Western Assurance Co., Manager Freehold Loan Co.</i> , } VICE-PRESIDENTS.		
J. L. BLAIKIE, Esq., Toronto, <i>President Canada Land and Nat. In. Co.</i>	G. W. KIELY, Esq., Toronto, <i>Capitalist, Etc.</i>	WILMOT D. MATTHEWS, Esq., Toronto, <i>Director C. P. Ry. and Dominion Bank.</i>
WM. COOKE, Esq., Toronto, <i>Director Real Estate Loan Co.</i>	M. LEGGATT, Esq., Hamilton, <i>President Land Bank Co., Dir. Canadian Bank of Commerce.</i>	E. B. OSLER, Esq., Toronto, <i>Director C. P. Ry. and Dominion Bank.</i>
HON. J. R. GOWAN, Barrie, <i>Senator of Canada.</i>	THOS. LONG, Esq., Collingwood, <i>Director Great Northern Transit Co.</i>	J. H. PLUMMER, Esq., Toronto, <i>Assistant General Manager Canadian Bank of Commerce.</i>
WM. HENDRIE, Esq., Hamilton, <i>Director Canada Life Assurance Co.</i>	CHAS. MAGEE, Esq., Ottawa, <i>President Bank of Ottawa.</i>	HUGH RYAN, Esq., Toronto, <i>Director Imperial Bank of Canada.</i>
J. J. KENNY, Esq., Toronto, <i>Managing Director West'n Assurance Co.</i>	ALEX. MANNING, Esq., Toronto, <i>Capitalist, Etc.</i>	JOHN STUART, Esq., Hamilton, <i>President Bank of Hamilton.</i>

#### Manager:

A. E. PLUMMER.

#### Solicitors:

MOSS, BARWICK & FRANKS.

#### Executive Committee:

HON. J. C. AIKINS, *Chairman*. J. J. KENNY, Esq.  
 HON. SIR R. J. CARTWRIGHT. W. D. MATTHEWS, Esq.  
 HON. S. C. WOOD. J. H. PLUMMER, Esq.  
 J. L. BLAIKIE, Esq. HUGH RYAN, Esq.

#### Inspection Committee:

WM. COOKE, Esq.  
 WM. HENDRIE, Esq.  
 JOHN STUART, Esq.

The Corporation is accepted by the High Court of Justice as a TRUSTS COMPANY, under the approval of the Ontario Government, and is authorized to act as **Executor, Administrator** IN CASE OF INTESTACY, OR WITH WILL ANNEXED. **Trustee** UNDER DEED, WILL, COURT APPOINTMENT OR SUBSTITUTION. **Receiver, Committee of Lunatics, and** CUSTODIAN OF THE ESTATES AND PROPERTIES OF LUNATICS. **Guardian of Children**, also as **Agent for Executors, Trustees** and others, thus relieving them from onerous, and oftentimes disagreeable duties.

The Corporation also acts as **Agent** in Financial business of all kinds—Collecting of Rents, Income, etc., Issue and Countersigning Bonds, Debentures, etc.

Our Deposit Vaults are absolutely secure and every convenience provided for the storing of valuables of all kinds at small expense. Wills appointing the Corporation as Executor are received for Safe Custody, free of charge.

The employment of the Corporation will be found prompt and economical. Solicitors placing business with it are continued in the legal work thereof.

**A. E. PLUMMER, MANAGER.**

childbed. According to Wechselsmann, it has been found twenty-two times on the right side, seventeen on the left, and in two cases on both sides. Lamert has observed this condition in a nullipara, aged 39. It formed an enormous swelling, as big as a man's fist, in the left groin, pyriform, elastic, transparent and fluctuating. It was irreducible, and there was no impulse on coughing; it reached as far as the labium. On incision a pint of serum escaped; the parts were explored, and the hydrocele was found ending as a blind pouch at the internal abdominal ring.—*British Medical Journal*.

**Ludlam on the Physiological and Morbid Relations Existing between the Uterus and the Eye.**—Janot's work is based on the following conclusions:

1. Certain ocular troubles exist in relation with different physiological and pathological conditions of the uterus.
2. In order to institute an efficacious treatment it is important to establish their origin.
3. These ocular lesions are much more tenacious when the uterine troubles have persisted for a long time.

4. In a large share of cases they are attributable to infection.

5. The treatment should be addressed to the local condition of the uterus and the vagina, to the local state of the eye, and to the general condition of the patient.—*N. Y. Med. Times.—Epitome of Medicine*.

---

### Personals.

---

Dr. S. A. Metherell, Victoria, B.C., is spending a short time in Toronto.

Dr. R. D. Sanson, of Calgary, N.-W.T., was married to Miss Webber, of 29 Gwynne Street, Toronto.

Dr. J. O. Orr has been appointed Clinical Assistant to Dr. Lennox Browne in the Central Throat Hospital, Gray's Inn Road.

At a meeting of the governors of the Protestant Hospital, in Ottawa, a resolution was passed to appoint a specialist to the staff. Dr. Alfred Horsey

[OVER.]

---

## A MOST VALUABLE TONIC IN CONVALESCENCE WYETH'S BEEF, WINE AND IRON.

---

A QUARTER of a century has almost elapsed since Messrs. Wyeth & Bro. first introduced to the attention of the medical profession, the preparation known as Beef, Wine and Iron, and although claiming no proprietorship in the name, its excellent therapeutic properties have commanded an increasing sale from year to year. The remarkable success achieved is due to the fact that, when properly prepared, it combines in a high degree, the properties of a Nutrient, Stimulant and Tonic. To render it efficacious, the Beef Essence entering into its composition must be prepared with intelligence and care. Discretion is requisite in selecting the Sherry Wine, and the two must be combined with the Iron in such a manner that the latter will be held in solution, all of which can be successfully accomplished only by means of an extensive plant such as that which they possess.

Beef, Wine and Iron, as they prepare it, is substantially a universal tonic, and will be found available in nearly all debilitated conditions. Pure Sherry Wine and Fresh Beef being used, it is entirely free from the disagreeable taste and odour characteristic of those products made from the extract of beef.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Wine and Iron, properly prepared, has proven more uniformly beneficial than any combination we have ever known.

---

### CAUTION.

---

WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some "not over scrupulous" Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine, in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

**DAVIS & LAWRENCE CO., LTD.** MONTREAL, CANADA  
SOLE AGENTS.



was the chosen one, and was followed by Dr. Kidd, who takes his place on the medical staff.

In New Edinburgh, on Sept. 26th last, an event of considerable social importance took place, namely, the marriage of Thos. H. Henry, M.D., of Orangeville, son of Dr. Henry, representative of his own division in the Council of Physicians and Surgeons, to Margaret Henderson, third daughter of the City Clerk. The bride was attired in her travelling dress of pearl grey silk, and was attended by Miss French and Miss Jean Henderson. The groomsmen were Walter Henry and John Askwith. The young couple left for Toronto and Niagara Falls, where they will spend their honeymoon. The presents were very handsome and very numerous, showing strongly the popularity of both bride and groom. May they live long and happily in their chosen sphere.

---

### Miscellaneous.

---

W. R. Warner & Co., of Philadelphia, have obtained the highest prize for the purity and perfection of their medicinal and official standard

pharmaceutical and chemical products. This extensive firm have obtained hitherto twelve grand World's Fair prizes, and they must feel deservedly proud of the Columbian award, which is the highest of its class.—*The Inquirer*.

**MALT EXTRACT.**—Extract of malt is no longer an official preparation—at least it will very soon not be, as it is one of the dismissed articles from the Seventh Decennial Revision of the United States Pharmacopœia. Why this is “thusly,” when it is an article of so much therapeutic value and so largely used, it is not within our province to say. It looks to us as if the Revising Committee were either perfectly satisfied with the quality of the present commercial supplies, or that they despaired of describing or defining the product in such a way as to permit of easily-applied tests for limitation and verification of the standard by the ordinary druggist. If the former supposition be the correct one, we surmise that Parke, Davis & Co.'s Extract of Malt was one of the brands on the market that they found to respond to every test, both as to diastatic strength and palatability.

[OVER.]

---

# ROTHERHAM HOUSE

## Dr. Holford Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses  
for outside work on application.

\* For Terms, or other information desired, address

**DR. HOLFORD WALKER, Isabella St., TORONTO.**



There are extracts of malt which will scarcely effect the conversion of starch, but these we need scarcely say are worthless in the treatment of carbohydrate indigestion, although they may in palatability be perfectly acceptable. It is almost out of place to speak here of the many uses to which a good extract of malt may be put, but probably the most frequent occasion is in handling cases of ovarian troubles, with the very common indigestion accompanying, that of the starchy foods in particular. Extract of Malt (P. D. & Co.) will prove itself an efficient agent wherever the natural fluids are showing themselves to be unable to accomplish starch conversion, and its present high standard of activity in this direction may be depended upon even after the official guardianship of the Pharmacopoeia is dissolved.

MERING ON THE FUNCTIONS OF THE STOMACH.—  
The conclusions are :

1. The passage of the contents of the stomach into the intestine occurs at intervals through rhythmical opening and closing of the pylorus.

2. Fluid leaves the stomach more rapidly than more solid food. The (empty) stomach absorbs

no water. While the water of sodawater is not absorbed by the stomach the carbonic acid is absorbed in large quantities.

3. Alcohol is absorbed in large measure by the stomach.

Sugar (grape, milk, cane, maltose) in watery solution is absorbed in moderate quantity by the stomach, in alcohol solution, in somewhat larger quantity.

Dextrine, as well as peptone, is absorbed by the stomach, but to a less extent than is sugar. The quantity absorbed increases with the concentration of the solution.

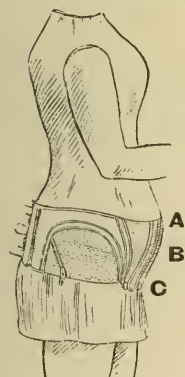
Absorption in the stomach recalls, in many respects, the physical process of diffusion.—Supplement to *Centralblatt f. klin. Med.*—*Epitome of Medicine.*

Recent investigations have shown that chorea is really a paralytic state, in which the inhibitory centres are affected. Dorland and Potts, in the *University Medical Magazine*, endorse this view ; as also does H. C. Wood in the *British Medical and Surgical Journal*. Pil. hæmatinic: (Howard's)

[OVER.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

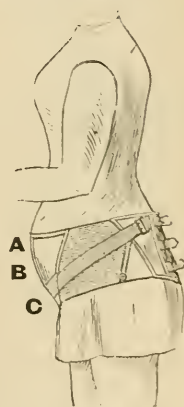


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. Once used, would not be without it for many times its cost.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. L. PICKERING

BOX 149,

BRANTFORD,

ONTARIO.

will be found the most reliable remedy in this and other paralytic conditions.

Liebig says : "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly considered and kept in view as the ultimate and most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this

is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted ; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the *fæces* after taking *Morse's Diastase*.

Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz. : Diastase plain, Diastase with Essence of Pepsine, and Diastase

[OVER.

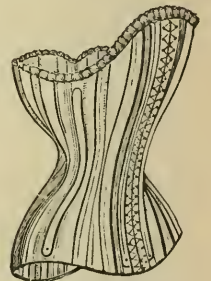
## MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says :



"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS  
WRITE OR CALL



*Specially adapted for  
Stout Ladies.*

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

Ferrated. These preparations are made from the finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

About a year since the *Journal of the American Medical Association*, in an editorial article, referred in unqualified language to the strained relations which it asserted were existing between physician and druggist, the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to this habit. On the contrary, we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practised to such an extent as to engen-

der anxiety and timidity on the part of prescribing physicians.

Persistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practising physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while, at the same time, he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition, we give below an extract from a letter from Dr. Bostic, of Galena, written October 24th, 1893, to the Antikamnia Chemical Co. This letter is, by the way, a fair prototype. He says:

"I became dissatisfied some time since with the action, or rather non-action, of what I supposed to be antikamnia. I began to look into the matter and discovered the druggist had been substituting in my prescriptions. I then had him get me tablets which I felt quite sure he, with any appliances he had, could not imitate, since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon **SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES** to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. **SCOTT'S EMULSION** remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York



antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with antikamnia, which seems to remove the objectionable feature."

The foregoing will surely justify all practitioners where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of everything they specify in their prescriptions. The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenceless patient. He knows the specific effect of the genuine drug, and knows equally well it cannot be successfully imitated.—*Courier of Medicine*, November, 1893.

LARGE DOSES OF ALCOHOL IN DELIRIUM TREMENS.—Anders Hausson (*Hygiea*, No. 4, 1893) records the following case: A man, aged 41, had, eight days previous to admission, fallen from a scaffolding three stories high, and presented the symptoms of fracture of the neck of the femur. Soon after awakening from a very partial narcosis,

induced for the sake of examination, he showed symptoms of delirium tremens. Two injections of morphine were given during the day, and chloral hydrate at night, but without appreciable effect. As the symptoms got worse, he was given large doses of brandy in accordance with König's suggestions. During the ensuing twenty-four hours he was given as much as 1 litre of brandy. The effects were excellent. He became quiet and calm, the hallucinations and tremors disappeared, and a refreshing sleep followed. The quantity of brandy was gradually diminished, so that 1 litre was distributed over 26, 30, 32, 38, and 40 hours, and so on. On the 12th day after admission the administration of brandy was discontinued. Sleep and appetite were excellent. No narcotics were ever required. After six weeks he got up, and was discharged well a few days later.—*Brit. Med. Jour.*

---

### Obituary.

---

SIR ANDREW CLARK.—No man in the world could have died and left such a vacancy in the medical profession as this noted physician. He

[OVER.]

---

When you prescribe an Emulsion of Cod Liver Oil you should prescribe the best.

## SEVEN REASONS WHY

# SLOCUM'S OXYGENIZED EMULSION

Meets all the requirements of a perfect Emulsion.

- 1st. Because of the absolute purity of the ingredients used.
- 2nd. Because it is carefully and accurately prepared.
- 3rd. Because it is perfectly free from disagreeable taste and odour.
- 4th. Because of its fitness for immediate absorption.
- 5th. Because it retains permanently all its qualities.
- 6th. Because it contains no Hypophosphites of Lime and Soda.
- 7th. Because the price is as low as is consistent with merit.

---

IT IS THE ONLY ABSOLUTELY PURE EMULSION MANUFACTURED.

## T. A. SLOCUM & CO.,

186 ADELAIDE ST. WEST,

Sample of Slocum's Oxygenized Emulsion delivered free to any Physician in Canada with our Fever Temperature Charts.

**TORONTO, ONT.**

held a place unique among his confrères, his name being famous the world over. Every man who went to London always took his clinics if possible, gaining much by his clearness and power as a diagnostician. He held the degrees of M.D., F.R.S. and LL.D., and was at the time of his death President of the British Medical Association. He was born October 28, 1826; was educated first at Aberdeen and afterwards at Edinburgh. In the extra academical Medical School of that city, he gained the first medals in anatomy, physiology, chemistry, botany, materia medica, surgery, pathology and practice of physic. For two years he assisted Dr. Hughes Bennett in the pathological department of the Royal Infirmary, and was demonstrator of anatomy to Dr. Robert Knox in the final course of lectures delivered by that celebrated anatomist. For four years Dr. Clark had charge of the pathological department of the Royal Naval hospital at Haslar. In 1854 he took his degree of M.D. at the University of Aberdeen, settled in the metropolis, and became a member of the Royal College of Physicians of London. He was the author of numerous medical works refer-

ring principally to the respiratory, renal and digestive organs. He was created a baronet in 1883. At the time of his death, Dr. Clark was consulting physician and lecturer on clinical medicine to the London hospital.

It is with considerable regret that we have to announce to our readers the death of Dr. W. R. Shaw, who passed away at Brantford on September 10th last, at the age of twenty-seven. About a year and a half ago he developed tuberculosis, and although he tried a change of climate to the North-West, and later to California, it seemed to avail nothing.

Dr. Shaw graduated as an M.D. from Victoria University in 1887. He went to England to complete his studies, and in 1888 he was granted the license of the Royal College of Physicians of London; subsequent to this he was Resident Physician in the Victoria Park Hospital for Diseases of the Chest, and after that was House Physician in the East London Hospital for Diseases of Children. We have not only seen the flattering testimonials that Dr. Eustace Smith

[OVER.]

# LAKEHURST SANITARIUM

## OAKVILLE, ONT.



FOR THE TREATMENT OF

### **INEBRIETY**

(Habitual and Periodical)

**MORPHINE**, and other

**DRUG HABITS** and

**NERVOUS DISEASES**

**PHYSICIANS** generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some **FIRST-CLASS SANITARIUM**. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at **LAKEHURST SANITARIUM** rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the cure, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
OAKVILLE.

and other members of the visiting staffs of these two institutions gave him, but what is a better test, we have visited the hospitals and have heard on every hand words of praise for our young friend.

In 1889 he returned to America, and spent a year at Johns Hopkins University Hospital, studying pathology and bacteriology, at the same time continuing the study of children's diseases under Dr. W. D. Booker. In 1890 he commenced general practice in Toronto, intending at an early date to devote his time entirely to diseases of children.

During the two years that he practised in this city, he kept up the study of pathology and bacteriology in the Biological Department of the University of Toronto, where he did some admirable work. As a result of his labours there, a paper appeared in the *Canadian Practitioner* and another in the "Transactions" of the Canadian Institute, the one on the "Pathology of Molluscum Contagiosum," the other on that disease found in peaches, the "Yellows."

In the death of Dr. Shaw, science has lost one

who would have made a mark for himself, and the medical profession of this province has cause to regret one of its brightest gems.

"But open converse is there none,  
So much the vital spirits sink  
To see the vacant chair, and think  
How good! How kind! and he is gone!"

S.

## Births, Marriages, Deaths.

### MARRIAGE.

HENRY-HENDERSON.—In New Edinburgh, on Sept. 26th, 1893, at the residence of the bride's father, by Rev. W. W. Quicke, St. David's, Thos. H. Henry, M.D., of Orangeville, to Margaret Henderson, third daughter of City Clerk Henderson.

### DEATH.

MONK.—At Carp, on Sunday morning, October 8th, 1893, Fanny Monk, eldest daughter of G. W. Monk, Esq., M.P.P. for Carleton County, and beloved wife of George H. Groves, M.D., aged 29 years 10 months.

[OVER.]

# The LYMAN BROS. & CO. (Ltd).

## CHLOROFORM

PURE. Lyman's S. G. 149.

AND

## ETHER SULPHURIC

PURE. Lyman's S. G. 725.

### FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late **Dr. J. H. McCollum** says of our CHLOROFORM, "that during the nearly fifty years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by **The LYMAN BROS. & CO., Ltd.**, was administered to about one thousand annually, and in no case had we fatality from it. *I have also used it for thirteen years in private practice.*"

**Dr. T. G. Johnston, Sarnia**, says: "For the last six or seven years I have used no other Chloroform than that manufactured by **The LYMAN BROS. & CO., Ltd.**, both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

### WE CLAIM THE FOLLOWING ADVANTAGES:

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

**Dr. C. O'Reilly**, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by **The LYMAN BROS. & CO., Ltd.**, has been extensively used for anæsthetic purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

**Dr. James F. W. Ross** says: "I have overcome my former prejudice against Ether, but **The LYMAN BROS. & CO., Ltd.**, are now supplying an article put up in  $\frac{1}{4}$  and  $\frac{1}{2}$  lb. tins equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

### WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

(When ordering, specify LYMAN BROS.)

# The LYMAN BROS. & CO. (Ltd.) = TORONTO.



# WYETH'S RED GUM LOZENGES.

ASTRINGENT, STYPTIC and ANTISEPTIC.

It has been a matter of surprise to us that the use of Red Gum has been so limited among physicians of the United States and Canada ; in Great Britain and on the continent it is largely prescribed with most flattering results, while in Australia it is used to the exclusion of almost every other vegetable astringent.

Red Gum is the resinous exudation from the bark of the Eucalyptus Rostrata found in Western Australia. In the form of a Lozenge, it is admirably adapted and effective as a remedy in all cases of relaxed Uvula, inflamed Mucous Membranes and Bronchial Tubes, ulcerated Sore Mouth and Gums, and its local action as an astringent, styptic and antiseptic, is most marked ; its peculiar styptic effect upon all mucous surfaces, particularly the fauces, deadens the sensibilities, thus sheathing and producing a soothing, calmative effect, lessening the tendency to cough and relieving the soreness. We know of no Lozenge or combination that Messrs. Wyeth have heretofore placed before the profession that has so many elements of merit, or is so effective in its action.

DOSE.—A Lozenge to be allowed to dissolve slowly in the mouth every two or three hours, or two or three may be taken in succession if the cough is severe and irritating.

**Put up in Boxes Containing 50 each.**

**DAVIS & LAWRENCE CO. LIMITED, MONTREAL.**

SOLE AGENTS FOR CANADA.

## FELLOWS' HYPO-PHOS-PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

### To the Medical Profession of Canada . . . .

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are found upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

#### PECULIAR MERITS.

- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.  
 SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.  
 THIRD.—Its agreeable flavour and convenient form as a Syrup.  
 FOURTH.—Its harmlessness under prolonged use.  
 FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

#### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

**Prepared by JAS. I. FELLOWS, CHEMIST.**

Offices and Laboratories : St. Antoine St., Montreal ; 48 Vesey St., New York, U.S.A. ; 8 Snow Hill, London.

# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year===Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**F. E. FARRELL, SUPERINTENDENT.** **CLARENCE C. RICE, M.D., SECRETARY,**  
226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.

ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

# WM. R. WARNER & CO.'S SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: RELIABILITY, SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.

We append an abridged list of selected formulae, of value to the general practitioner, any of which we will forward by mail on receipt of price.

SOLUBLE COATED PILLS.	BOTTLE		SOLUBLE COATED PILLS.	BOTTLE	
	100	500		100	500
<b>Abernethy's</b> (Aperient) . . . . .	75	3 50	Pulv. Ipecac, 1-10 gr.		
Dose, 1.			Maas Hydrarg., 2 grs.		
Pulv. Aloes Socot., 2 grs.			Ext. Coloc. Co., 2 grs.		
Pulv. Ipecac. 5-6 gr.			<b>Aperient</b> (Dr. Fordyce Barker) . . . . .	1 00	4 75
Pil. Hydrarg., 1 gr.			Med. prop.—Aperient. Dose, 1 to 2.		
Ext. Hyoscyam., 2 grs.			Ext. Coloc. Co., 1 2-3 grs.		
<b>Ague</b> . . . . .	75	3 50	Ext. Nuc. Vom., 1-2 gr.		
Medical properties — Antiperiodic.			Ext. Hyoscyam., 1 1-4 grs.		
Dose, 2 to 4.			Pulv. Ipecac, 1-12 gr.		
Chinoidin. 2 grs.			Pulv. Aloes Soc., 5-12 gr.		
Ext. Coloc. Comp. 1-3 gr.			Res. Podophylli, 1-12 gr.		
Ol. Pip. Nig., 1-6 gr.			<b>Cascara Comp.</b> . . . . .	75	3 50
Ferri Sul., 1-2 gr.			Med. prop.—Laxative Cathartic.		
<b>Anthelmintic</b> . . . . .	1 00	4 75	Dose, 2 to 4.		
Med. properties—Anthelmintic.			Ext. Cascara Sagrad., 3 grs.		
Dose, 1 to 2.			Res. Podophylli. 1-8 gr.		
Santonin, 1 gr.			<b>Chalybeate</b> , 3 grs. . . . .	60	2 75
Calomel, 1 gr.			Med. prop.—Antichlorotic. Dose,		
<b>Anti-Bilious</b> (Vegetable) . . . . .	50	2 25	1 to 5.		
Med. prop.—Cholagogue, Cathartic.			Ferri Sulph., 1 1-2 grs.		
Dose, 2 to 3.			Potassa Carb., 1 1-2 grs.		
Pv. Ext. Col. Co., 2 1-2 grs.			<b>Cathartic Comp. Cholagogue</b> . . . . .	60	2 75
Podophyllin. 1-4 gr.			Med. prop.—Cathartic. Dose, 1		
<b>Anti-Constipation</b> . . . . .	75	3 50	to 2.		
Dose, 1 to 4.			Res. Podophylli. 1-2 gr.		
Podophyllin, 1-10 gr.			Pil. Hydrarg., 1-4 gr.		
Ext. Nuc. Vom., 1-4 gr.			Ext. Hyoscyami, 1-8 gr.		
Pv. Capsici, 1-4 gr.			Ext. Nuc. Vom., 1-16 gr.		
Ext. Belladon., 1-10 gr.			Ol. Res. Capsici, 1-8 gtt.		
Ext. Hyoscyami, 1-4 gr.			<b>Ergotine Comp.</b> (Dr. Reeves) . . . . .	1 75	8 50
<b>Anti-Dyspeptic</b> . . . . .	1 00	4 75	Med. properties—Sedative, Parturi-		
Med. prop.—Applicable where Debi-			ent. Dose, 1.		
lity and Impaired Digestion exist.			Ergotine, 3 grs.		
Dose, 1 to 2.			Ext. Cannab. Ind., 1-4 gr.		
Strychnia, 1-40 gr.			Ext. Belladon., 1-4 gr.		
Ext. Belladonnæ, 1-10 gr.					

Prepared only by

**WM. R. WARNER & CO.**

Originators and Manufacturers  
of Reliable  
Effervescent Preparations.

**PHILADELPHIA.**

**NEW YORK.**

**LONDON.**

Preparations supplied by all leading druggists.

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO.	KERRY, WATSON & CO., MONTREAL	LYMAN BROS. & CO.	TORONTO
EVANS, MASON & CO.	MONTREAL	ELLIOT & CO.	"
KENNETH CAMPBELL & CO.	"	LONDON DRUG COMPANY	LONDON
R. J. DEVINS	"	R. W. McARTHUR	ST. JOHN
J. WINER & CO.	HAMILTON	BROWN & WEBB	HALIFAX



PREPARED BY  
**W. R. WARNER & CO.**

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes.....2 grains. } Pulv. Rose lvs..... $\frac{1}{2}$  grain.  
" Mastic..... $\frac{1}{2}$  grain. } M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastic, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

B—Ext. Sumbul.....1 gr. Ferri Sulph. Ext.....1 gr.  
Assafetida.....2 gr. Ac. Arsenious.....1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph.  $\text{Fe SO}_4$  } Ferri Carb.  $\text{Fe CO}_3$   
Potass. Carb.  $\text{K}_2 \text{CO}_3$  } Potass. Sulph.  $\text{K}_2 \text{SO}_4$

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with  $\frac{1}{2}$  gr. Ext. Nux. Vomica added to each Pill to increase the tonic effect. Dose 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION

R—Pepsin Conc't.....1 gr. Gingerine.....1-16 gr.  
Pv. Nux. Vom..... $\frac{1}{4}$  gr. Sulphur..... $\frac{1}{4}$  gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda.....1 gr.  
Salicylic Acid.....1 gr.  
Ext. Nux Vomica.....1 gr.  
Powd. Capsicum.....1-10 gr.  
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

B—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna,  $\frac{1}{2}$  gr.

Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quina.

Ext. Colchicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.

# SHORTHAND

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

**Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

**BUSINESS**

# McGILL UNIVERSITY, MONTREAL.

## Faculty of Medicine. Sixty-first Session, 1893-94.

### FACULTY.

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Emeritus Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

### EMERITUS PROFESSORS.

W. WRIGHT, M.D.; L. R. C. S. DUNCAN; C. McCALLUM, M.D., M.R.C.S.E.; G. E. FENWICK, M.D.

### PROFESSORS.

ROBT. CRAIK, M.D., Prof. of Hygiene and Public Health.  
G. P. GIRDWOOD, M.D., M.R.C.S. Eng., Prof. of Chemistry.  
THOS. G. RODDICK, M.D., Prof. of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M.D., Prof. of Gynæcology.  
F. J. SHEPHERD, M.D., M.R.C.S., Eng., Prof. of Anatomy and Librarian of the Faculty.  
F. BULLER, M.D., M.R.C.S. Eng., Prof. of Ophthalmology and Otology.  
JAMES STEWART, M.D., Prof. of Medicine and Clinical Medicine.

GEO. WILKINS, M.D., M.R.C.S., Prof. of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B.Sc., Prof. of Botany.  
T. WESLEY MILLS, M.A., M.D., L.R.C.P. London, Prof. of Physiology.  
JAS. C. CAMERON, M.D., M.R.C.P.I., Prof. of Midwifery and Diseases of Infancy.  
R. F. RUTTAN, B.A., M.D., Assistant Prof. of Chemistry, and Registrar of the Faculty.  
JAS. BELL, M.D., Assistant Prof. of Surgery and Clinical Surgery.  
J. G. ADAMI, M.A., M.D., Cantab. Prof. of Pathology.  
G. W. MAJOR, B.A., M.D., Prof. of Laryngology.

### LECTURERS.

T. JOHNSON ALLOWAY, M.D., Lecturer in Gynæcology.  
F. G. FINLEY, M.B. (Lond.), M.D. (McGill), Lecturer in Medicine and Clinical Medicine.  
H. S. BIRKETT, M.D., Lecturer in Laryngology and Senior Demonstrator of Anatomy.

HENRY A. LAFLEUR, B.A., M.D., Lecturer in Medicine and Clinical Medical.  
GEO. ARMSTRONG, M.D., Lecturer in Surgery and Clinical Surgery.  
T. J. W. BURGESS, M.D., Lecturer on Mental Diseases.

### DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

WM. R. SUTHERLAND, M.D., Demonstrator in Surgery.  
WYATT JOHNSTON, M.D., Demonstrator in Bacteriology.  
JOHN M. ELDER, B.A., M.D., Assistant Demonstrator in Anatomy.  
J. G. MCCARTHY, B.A., M.D., Assistant Demonstrator in Anatomy.

D. J. EVANS, M.D., Assistant Demonstrator in Obstetrics.  
N. D. GUNN, M.D., Assistant Demonstrator in Histology.  
W. S. MORROW, M.D., Assistant Demonstrator in Physiology.  
R. C. KIRKPATRICK, B.A., M.D., Assistant Demonstrator in Surgery.  
C. F. MARTIN, B.A., M.D., Assistant Demonstrator in Bacteriology.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July, to be taken after the third Winter Session.

The Sixty-first Session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating seventy-six students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students, 48 x 40 feet. The first flat contains the research laboratory, culture rooms and the professor's private laboratory, the ground floor being used for the curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened—in September, 1893—and students will have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be twenty-one years of age, having studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to

**R. F. RUTTAN, M.D., REGISTRAR,**  
Medical Faculty, McGill College.



## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## CHICAGO POLYCLINIC & HOSPITAL

174-176 E. Chicago Ave.

The fifth SPECIAL COURSE for practitioners in this institution will commence Wednesday, May 3rd, 1893, and continue two weeks.

This course will consist of Clinical Lectures and Demonstrations from 8.30 a.m. to 10 p.m.

In addition to the regular daily Clinics, the following special features will be presented by the Faculty:

Prof. N. SENN—Surgery of Hip Joint—Tuberculosis of Bones and Joints.

Prof. CHRISTIAN FENGER—Surgery of the Kidneys, Ureters, Brain and Spine.

Prof. J. B. HAMILTON—Hernia.

Prof. WM. T. BELFIELD—Genito-Urinary Diseases.

Prof. MOREAU R. BROWN—Nasal Surgery.

Prof. E. FLETCHER INGALLS—Naso-Pharyngeal Surgery.

Prof. A. E. HOADLEY—Orthopedics.

Prof. FERNAND HENROTIN—Uterine Surgery.

Prof. J. ELLIOT COLBURN—Ocular Therapeutics.

Prof. GEO. F. FISKE—Mastoid Operations.

Prof. MALCOLM L. HARRIS—Operative Surgery on the

Cadaver.

Prof. JAMES H. ETHERIDGE—Uterine Tumours.

Prof. ARCHIBALD CHURCH—Neuritis.

Prof. GUSTAV FUTTERER—Cholera: Demonstration of the bacilli.

Prof. F. C. HOTZ—Eye Diseases of Children.

Prof. HENRY BANGA—Puerperal Diseases.

Prof. JOSEPH M. PATTON—Diseases of the Heart and Kidneys—Pneumonia.

Prof. R. D. MACARTHUR & HENRY G. ANTHONY—Skin Diseases.

Prof. PLYM. S. HAYES—Electro-Therapeutics.

Prof. W. S. CHRISTOPHER—The Exanthemata.

Prof. JAMES H. MCBRIDE—Insanity.

Prof. HENRY M. LYMAN—Nervous Disorders of Digestion.

The new buildings and hospital, now completed, afford unequalled facilities.

For Announcement containing full information, apply to the Corresponding Secretary,

MOREAU R. BROWN, M.D., 174-176 Chicago Avenue, Chicago, Ill.

NOTE.—The Regular Clinical Course continues throughout the year.

## HYPOPHOSPHITED EMULSION OF COD LIVER OIL WITH LIME AND SODA.

Sold retail in \$1 bottles. Sold wholesale in 40-oz. quarts at \$1.75,  
and 80-oz. Winchester at \$3.00.

.. PREPARED SOLELY BY ..

GLADSTONE PHARMACY CO.

E. G. HODGSON, Phm.B., Manager.

\* \* \*

1204 QUEEN ST. WEST, TORONTO.

## Kenny's Celebrated Hair Restorer.

A VALUABLE East Indian remedy. It restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. 50c. and \$1 a bottle. Manufactured only by

SERGT.-MAJOR JAMES KENNY.

BRUNSWICK BLOCK,

370½ College Street, TORONTO.

For Sale by Druggists and Manufacturer.

--

Orders by Mail promptly attended to.

## DR. RYERSON

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

# Private Hospital

FOR

## EYE and EAR Cases.



*Apply at*

**60 COLLEGE STREET,**

**TORONTO.**

## DR. TEMPLE'S

# PRIVATE HOSPITAL,

BELLEVUE HOUSE,

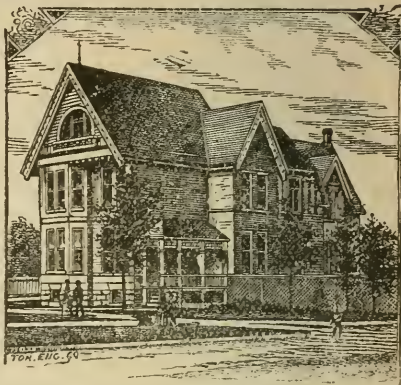
87 BELLEVUE  
AVENUE

TORONTO.

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new

**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

203 Simcoe Street, - - Toronto.

# Orthopædic Surgeon

## DR. BREMNER

M.D., Toronto University.

L.R.C.P. Edinburgh ('79).

Late Asst. Surg. N.Y. Hospital for Ruptured and Crippled.

Asst. Surg. Polyclinic, N.Y.



**39 Bloor St. East**

(SOUTH SIDE)

DR. BREMNER, having spent several years in Great Britain, and as Assistant Surgeon to the N.Y. Hospital for Ruptured and Crippled, announces that he has opened an office as an **ORTHOPÆDIC SPECIALIST** at the above address.

All suitable accommodation for patients from a distance secured. Orthopædic instruments and appliances of the most modern type may be procured direct on application by practitioners.

# WHEELER'S TISSUE PHOSPHATES.

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone Calcium Phosphate  $\text{Ca}_2\text{PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychnia, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of low vitality.

Dose.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Druggists at One Dollar.



# NEW YORK POLYCLINIC AND HOSPITAL.

Session. 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

<b>SURGERY—</b> John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.	<b>EAR—</b> Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.
<b>MEDICINE—</b> R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine- man, M.D.; J. Adler, M.D.	<b>THROAT AND NOSE—</b> D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris J. Asch, M.D.
<b>GYNÆCOLOGY—</b> W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.; H. Marion Sims, M.D.; Florian Krug, M.D.	<b>DISEASES OF CHILDREN—</b> L. Emmett Holt, M.D.; August Seibert, M.
<b>EYE—</b> David Webster, M.D.; Emil Gruening, M.D.; Thomas R. Pooley, M.D.	<b>DISEASES OF THE SKIN—</b> A. R. Robinson, M.D.; Edward B. Bronson, M.D.
	<b>NERVOUS DISEASES—</b> Landon Carter Gray, M.D.; B. Sachs, M.D.
	<b>OESTETRICS—</b> Edward A. Ayers, M.D.

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

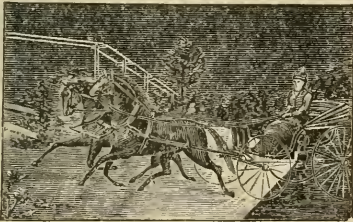
**H. E. STAFFORD, M.D., Asst. Sec.,**      **L. EMMETT HOLT, M.D., Sec.,**  
214-218 East 34th Street, New York.

## Doctor

IF YOU WILL  
... INVEST

**\$10**

**In TWO AUTOMATIC  
DRIVING LAMPS**



They will make your night work a source of pleasure.  
Illustrated Circular on application.

**S. L. REEFY, M.D.,**  
EDINBURG, ILL., U.S.A.

## R. M. MELVILLE

**General Steamship and Railway Agent,**

NEXT GENERAL POST OFFICE, TORONTO.

TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.

TELEPHONE 2010.

## HOW TO READ HOLLOWAY'S

With Comfort  
and Profit

READING STAND and  
DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the Century Dictionary. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



ILLUSTRATED CATALOGUE FREE.

THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.

## BATES & DODDS, Funeral Directors

931 QUEEN STREET WEST,

CORNER STRACHAN AVENUE,

TORONTO.

TELEPHONE No. 513.



# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.  
Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.  
Professor of Obstetrics and Gynaecology.

**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.  
Professor of General Chemistry and Botany.

**C. W. COVERNTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth. Lond.; ex-Chairman and Member of the Provincial Board of Health.  
Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. LeM. GRASSETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.  
Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto;** Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.  
Professor of Practical and Analytical Chemistry.

**CHARLES SHEARD, M.D., C.M.,** Fell. Trin. Med. Coll., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.  
Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S.,** Edin.; Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.  
Professor of Ophthalmology and Otolaryngology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.  
Professor of Anatomy and Pathology.

**JOHN L. DAVISON, B.A., Univ. Tor., M.D., C.M., M.R.C.S.,** Eng.; Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.  
Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.  
Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### LECTURERS, DEMONSTRATORS, INSTRUCTORS AND ASSISTANTS.

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.  
Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.  
Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M.,** Fell. Trin. Med. Coll.; L.R.C.P., London; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—191 Simcoe Street.  
Diseases of Children.

**W. B. GEIKIE, M.D., M.R.C.S., Eng.;** Member of the Acting Staff Toronto General Hospital.—18 Bloor Street.  
Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH, Late Principal and Professor of** Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherbourne Street.  
Practical Pharmacy, etc.

**A. Y. SCOTT, B.A., Tor. Univ.;** M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.  
Zoology, etc.

**D. J. GIBB WISHART, B.A., Tor. Univ.;** M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.  
Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A., Tor. Univ.;** M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.  
Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.—176 John Street.**

**D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.;** L.R.C.P., Lond.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng.  
Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. ~~For~~ Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the *Hospital*, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

**"H. V. C."**

(Hayden's Viburnum Compound)

IS ACKNOWLEDGED TO BE THE STANDARD PRESCRIPTION IN THE

# AILMENTS OF WOMEN

AND IN

## OBSTETRIC PRACTICE

By the great majority of the Medical Profession of the United States, without regard to pathics  
Superior to Ergot in all cases.

**"H. V. C."**

Is employed in the following and most of the leading Hospitals with great satisfaction :

Enzworth Hospital, St. Joseph, Mo.  
Harper Hospital, Detroit, Mich.  
St. Mary's Hospital, Saginaw, Mich.  
Maternity Hospital, New York City.  
St. John's Hospital, Lowell, Mass.  
St. Francis Hospital, Jersey City, N.J.  
Columbia Hospital, Washington, D.C.  
Rhode Island Hospital, Providence, R.I.  
Woman's Hospital, 50th St., New York City.  
N. Y. Infirmary (Women and Children), 5 Livingstone Place,  
New York City.

North-Western Dispensary, 403 West 36th Street, New York  
City.  
City Hospital, Boston.  
Woman's Hospital, Boston.  
California Woman's Hospital, San Francisco, Cal.  
Pacific Dispensary, San Francisco, Cal.  
Children's Hospital, San Francisco, Ca .  
Kansas City Hospital, Kansas City, Mo.  
Alabama State Insane Hospital, Tuscaloosa.  
Presbyterian Hospital, Cincinnati, Ohio.

AND IN MOST REMEDIAL INSTITUTIONS.

The most distinguished Physicians in the United States prescribe and recommend

# HAYDEN'S VIBURNUM COMPOUND

Write only for **"H. V. C."** Put up in 4 oz., 10 oz. and 16 oz. bottles, and dispensed  
by all first-class pharmacists.

Send your address for our large Hand-Book. FREE to Physicians only.

**THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.**

# PANOPEPTON

## BREAD AND BEEF PEPTONE.

In PANOPEPTON we present to the profession a new, complete and perfect Peptone, one which we are confident will meet every requirement. PANOPEPTON is the entire edible substance of prime, lean beef and best wheat flour, thoroughly cooked, properly digested, sterilised and concentrated in vacuo.

PANOPEPTON is, therefore, the quintessence of Peptones, containing all the nutrients of these two great types of food—beef and bread—fused into a delicious restorative.

PANOPEPTON is the food par excellence in all conditions where a fluid, quickly assimilable, agreeable and comprehensive nutriment is required.

Originated and manufactured by

FAIRCHILD BROS. & FOSTER,  
NEW YORK.



# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, DECEMBER, 1893.

[No. 5.]

## How Cod Liver Oil is now Prescribed.

Experiments in the laboratory and clinical observation have shown that, of all forms of fat, Cod Liver Oil is the most eligible on account of its greater absorbability.

THE BRITISH MEDICAL JOURNAL points out that—"Patients who are unable to tolerate the purest and most carefully prepared Cod Liver Oil can readily digest and assimilate it when combined with Maltine. The mixture is complete and permanent, and the consistence very convenient"; and recommends Maltine with Cod Liver Oil "on the ground of its perfect admixture, the ease with which it is assimilated, the good quality of the Cod Liver Oil, and the value in diastase of the Maltine."

THE MEDICAL PRESS AND CIRCULAR states: "It fulfils all the conditions necessary for perfect digestion," and describes it as "an elegant, palatable preparation."

## The Therapeutic Value of Maltine with Cod Liver Oil.

To render Cod Liver Oil assimilable and palatable is much, but to combine it in a permanent form with albuminoids, carbo-hydrates, and phosphates is still more.

Albuminoids are the tissue-formers, and some physiologists go so far as to say that they alone are capable of producing fat, the use of fat and other carbonaceous food preventing its waste.

STUTZER speaks of fats and carbo-hydrates as "the albumen-economizing elements"; and BAYER says, "Under the influence of a suitable amount of fat, the superfluous albumen in the food is for the most part stored up as organic albumen." On the other hand, the consumption of fat is checked by the presence of albumen, while both albuminoids and fats are shielded by the metabolism of carbo-hydrates.

The great nutritive value of Maltine with Cod Liver Oil is due to the combination in proper proportions of albuminoids, fats and carbo-hydrates. The importance of such a food in phthisis is obvious if we consider that the disease "is due to a condition of deficient nutrition, permitting the growth and reproduction in the lung tissue of a lower form of organized life." (DR. ALEX. JAMES.)

The uniform experience of medical men is that Maltine with Cod Liver Oil is the most successful reconstructive and the best aliment to employ in wasting disease.

We shall be pleased to send Specimens free of charge to Medical Men.

The Maltine Manufacturing Co'y  
30 WELLINGTON STREET EAST  
TORONTO.

## The Therapeutic Value of Lactopeptine.

The universal adoption of this preparation by the Medical Profession affords indisputable evidence that its therapeutic value has been fully established in treatment of all stomach and intestinal ailments.

The distinctive characteristic of this preparation is that it precisely represents in composition the natural secretions of the healthful stomach, and, therefore (where indicated) perfects the assimilation of food in a manner identical with that secured by action of the natural secretions (where these are *not* lacking).

We quote a few "Opinions" from the Medical Press:

"A glance at the formula of Lactopeptine must convince the most skeptical of the valuable results which must follow its administration."—*Retrospect of Medicine and Surgery*.

"We have submitted Lactopeptine to full trial, and confidently recommend it."—*British Medical Journal*.

"Such a formula is a desideratum, considering that Pepsin has disappointed so many practitioners."—*Medical Press and Circular* (London, Eng.).

"A preparation that can be relied upon as unvarying, and exhibits a combination of the essential agents of digestion."—*Courier of Medicine* (St. Louis).

"Has completely gained the confidence of the profession, and is more largely employed than any other combination ever introduced."—*Medical Journal* (Baltimore).

"No physician who has tried it fairly in practice, or who has taken it in a severe attack of dyspepsia, will ever be without it. It is a certainty."—*Louisville Medical News*.

"As a digestive, it comes nearer the gastric juice than anything we have ever used. Lactopeptine is one of the indispensables in the *materia medica* of the active practitioner."—*Southern Clinic* (Richmond, Va.).

"In dyspepsia, occasioned by an insufficient supply of gastric juice, it has always relieved the distressing symptoms. In the diarrhoea of infants, occasioned by undigested food, much benefit is derived from the use of this remedy alone."—*Toledo Medical and Surgical Journal*.

"There are few preparations given to the profession during recent years that have been so highly praised as Lactopeptine. It has been found a most reliable agent in the treatment of impaired digestion, gastric irritability and diarrhoea."—*Canada Medical Record* (Montreal, Canada).

SAMPLES FREE TO MEDICAL MEN.

The New York Pharmacal Association,  
30 WELLINGTON STREET EAST  
TORONTO.

## FOR NURSING MOTHERS

# Wyeth's Liquid Malt Extract

Is particularly adapted, containing as it does all the Nutrient Properties of Malt, with the Least Possible Amount of Alcohol.

Fermented liquids prepared from malted grain have been in use from the earliest times, and have always been highly prized for their strengthening and nutritive properties. Hitherto, however, the large amount of alcohol in proportion to nutritious matter contained in the malt liquors of commerce has been a serious objection to their use, in many of the various forms of dyspeptic maladies, resulting from mal-nutrition, for which malt preparations are peculiarly adapted.

Recognizing this fact, Messrs. Wyeth have, after numerous experiments, succeeded in preparing a liquid malt extract possessing all the advantages of malt liquors, while it is not open to the objections so frequently and justly urged against their use.

It is especially adapted for administration to nursing mothers, to children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly to those unable to digest starchy food.

The diastase contained in our preparation of malt renders such food immediately soluble, by converting the starch into malt-sugar and dextrine, in which form they can be readily assimilated by the system, thus *creating* animal heat and aiding the formation of fat.

Probably its greatest value is as a beverage, during lactation, as it not only supplies strength to meet the unusual demands upon the system at that time, but improves the quality of the milk by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of secondary depressant effect, so frequently experienced from the administration of spirituous remedies, the ordinary dose of a wineglassful representing less than three grains of alcohol and over one hundred and twenty-five grains of nutritious extractive matter, rich in diastase, preserved by our peculiar process of preparation; while in the malt liquors it is rendered inert by the boiling to which they are subjected during manufacture.

We claim that WYETH'S LIQUID MALT EXTRACT will be found to contain all the nutritive virtues of the best malt liquors, in a higher degree than any of the largely sold liquid malts with which we have compared it, while it is free from the stimulating effect which invariably follows their administration.

Davis & Lawrence Co. (Ltd.), Montreal, General Agents.

## **RUBBER**

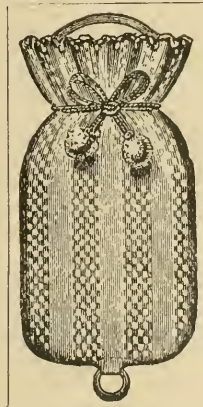
# HOT WATER BOTTLES

The  
Best  
Bottles

... AT ...



The  
Lowest  
Prices



Warranted

Full

Size

... AND ...



Very  
Best  
Made

WE HAVE THE LARGEST ASSORTMENT OF RUBBER GOODS IN CANADA

## THE TORONTO RUBBER CO., LTD.

TELEPHONE 453

28 KING ST. WEST, TORONTO

# CONTENTS.

	PAGE		PAGE
EDITORIALS:—		PAMPHLETS RECEIVED..	177
Professional Tax <i>a la</i> Sangster ..	155	AN EPITOME OF CURRENT MEDICAL LITERATURE:—	
Lodge Practice ..	156	MEDICINE: A Case of Rheumatic-Torticollis and Ery-	
Discipline ..	156	thema Nodosum—Hypodermic Injections in Neuras-	
Vaccine—Its Quality and the Method of Procuring ..	157	thema—Quinine in Hæmaturia ..	178
EDITORIAL NOTES ..	158	Euchlorine in Diphtheria—Facts regarding the Bacillus	
BRITISH COLUMBIA ..	159	Aerogenes Capsulatus ..	179
PRINCE EDWARD ISLAND:—		Duboisine—The Treatment of Hemoptysis—Bismuth in	
Secret Nostrums ..	160	Large Doses for Chronic Gastric Catarrh ..	180
Medical Prescriptions ..	160	SURGERY: Ingrowing Toe-nail—Varicose Veins in the	
ORIGINAL COMMUNICATIONS:—		Arms—A Case of Spina Bifida Successfully Treated	
Case of Gunshot Wound. By Hadley Williams, M.D. ..	161	with Iodo-Glycerine ..	181
The Evils of Substitution. By Cyrus Edson, M.D. ..	164	Abortive Treatment of Gonorrhœa with Oil of Cinnamon ..	182
MEETINGS OF MEDICAL SOCIETIES:—		GYNÆCOLOGY: An Ovarian Tumour weighing 111 pounds	
London Medical Society ..	166	Removed from a Child of Fifteen, whose weight was	
CORRESPONDENCE:—		Sixty-eight Pounds..	183
Professional Tax. By John H. Sangster, M.D. ..	169	Keating, John M., on Cysts of the Female Genital Tract ..	186
Some Notes on the Medical Profession in the State of		PERSONALS ..	186
New York, Compared with Ontario. By Edwin R.		MISCELLANEOUS:—	
Bishop, M.D. ..	173	Diastase of Hazen Morse ..	187
Lodge Practice and Contract Work. By Geo. Acheson. ..	174	Cuticura Ointment—The Treatment of Warts ..	188
ANNUAL MEETINGS:—		Recurring Grippe—Thomas's Electric Oil ..	189
Annual Trinity Dinner ..	175	The Therapeutic Merit of Combined Remedies—Dr. Leo	
The Annual Dinner of the Students in the Faculty of		Egger, of Vienna, on American Manufacturing Phar-	
Medicine of Toronto University ..	175	maey ..	190
BOOK NOTICES ..	177	Cuticura Resolvent ..	191
		Bromidism—For Night Sweats of Phthisis—Soothing	
		Syrup without Opium—How to Extinguish Fire ..	192

✎ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

✎ Subscription \$2 per annum (outside of Ontario and British Columbia).

**AT THE WORLD'S FAIR, CHICAGO.**

# NESTLE'S MILK FOOD

Has received the Highest Awards.

## MEDAL AND DIPLOMA

THIS IS THE HIGHEST AWARD THAT CAN BE GIVEN  
ANY EXHIBITOR.

Note.—NESTLE'S FOOD has received Forty-Eight First Awards at different  
Expositions, a larger number than has been received  
by all other Infant's Foods combined.



# All Women Talk

About their Doctors. If you relieve one, twenty know it. ASPAROLINE COMPOUND will relieve the women who suffer from functional Dysmenorrhœa and Leucorrhœa, and they'll talk about it. We'll send you enough ASPAROLINE COMPOUND free to make one woman talk. May we do so?

Each fluid ounce containing: Diluted Alcohol; Guaiacum, 30 grains; Asparagus Seed, 30 grains; Parsley Seed, 30 grains; Black Haw (Bark of Root), 60 grains; Henbane Leaves, 6 grains.

SAMPLES CHEERFULLY FURNISHED PHYSICIANS UPON APPLICATION.

## HENRY K. WAMPOLE & CO.,

Pharmaceutical Chemists, ~ ~ ~ Philadelphia, Pa.

BRANCH: 36 and 38 LOMBARD STREET, TORONTO, ONTARIO.

### "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
IT will not blow out.  
IT gives a clear white light.  
IT looks like a locomotive head light.  
IT throws all the light straight ahead, from 200 to 300 feet.  
IT burns kerosene.

Send for book.

R. E. DIETZ CO.,  
60 Laight Street, N. Y.



ON account of Canadian purchasers having to pay duty, we will sell single lamps to them at the lowest wholesale price.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

## GEO. W. COOLEY, 567 Yonge St., Toronto,

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskies for Invalids a Specialty.

**COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.**

# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only SURE, SAFE and SATISFACTORY anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the convolvulus scammonia of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England; and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
Hyd. Subchlor .....gr. ii.  
Fiat pulv.  
Sig. —. H. S. S. —.

The small quantity of **VERMIFUGIN** required to test the existence of worms, and to remove them from the system in a few hours, together with the certainty of its efficacy, makes it one of the most valuable remedies in use.

**VERMIFUGIN** can be obtained from any Wholesale Drug House in the Dominion, or direct from the Manufacturers,

**JOHN C. GRAY & Co.,**  
MANUFACTURING APOTHECARIES,  
TORONTO, CANADA.

N.B.—Physicians who keep a stock of medicines on hand may obtain **VERMIFUGIN** direct from the Manufacturers at same price that it is supplied to retail druggists, viz : **\$1.00** per ounce bottle.

# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine.

—CHARLES F. HEEBNER, Ph.G., Phm.B., *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,

BROCKVILLE, Ont.

# LE PAGE'S HYPOPHOSPHITES

Syr. Comp. Improved.

ESTABLISHED 1885.

THIS Syrup contains the Hypophosphites of Iron, Quinine, Strychnia, Manganese, Lime and Potash, combined in an agreeable and palatable syrup, acceptable to the stomach, and comprises all the elements essential to the animal organization known to science. It will be found a very valuable remedy in the treatment of

Pulmonary Tuberculosis, Bronchial Affections, and all Affections of the Respiratory Organs, also in Debilitating and Nervous Diseases.

This preparation being prompt in its stimulating action, entering into the circulation, promotes digestion and assimilation and removes depression and melancholy, hence its great value in mental and nervous diseases.

In ordering, **Please Specify Le Page's.** Price: Small size, 50c.; Large Bottles, \$1.00. Also in 80 oz. Winchester for dispensing.

**OFFICE, 18 FRONT ST. WEST, TORONTO.**



The American Antipyretic, Analgesic and Anodyne.

# Antikamnia

— OPPOSED TO PAIN. —

Gives Desired Results in the Crises of Locomotor Ataxia, Neuralgia, Sciatica, Rheumatism, Pneumonia, Menstrual Neuroses, Typhoid and



**NO DRUG HABIT INDUCED—NO TOXIC EFFECT**

SEND TO THE ANTIKAMNIA CHEMICAL COMPANY, ST. LOUIS, MO., FOR SAMPLE MAILED IN "VEST POCKET BOX," FREE. SPECIFY ANTIKAMNIA (GENUINE) ON YOUR PRESCRIPTIONS.

"The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated."—*Courier of Medicine.*

**A SUCCEDANEUM FOR MORPHIA.**

## CHEMICAL LABORATORY.

**Dr. A. R. Pyne,**

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.  
Milk, quantitatively - - - - 2.00.  
Water and Urine, quantitatively, each - 5.00.

SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

**A. R. PYNE, M.B.**

University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Lieutenant of the University of the State of New York and Albany; Dominion Analyst (by examination).

FOR

## Dysentery and Diarrhœa

OF CHILDREN

**R** latrol - gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

**Dr. J. H. Sackrider, of East Randolph, N. Y.,** says: "The first case in which I used latrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use **latrol** in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in *very warm* water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

**CLINTON PHARMACEUTICAL CO.**  
Manufacturing Chemists **Syracuse, N. Y.**

CANADIAN BRANCH: BELLEVILLE, ONT. P. O. BOX 84.

# Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

## SESSIONS OF 1893-94.

The REGULAR SESSION begins on Monday, September 25, 1893, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 26, 1894, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

# Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1793.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.,  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

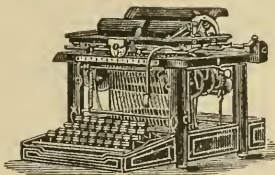
For further information apply to

CHARLES FORD, Superintendent.

314 Broome St., New York City.

Special instruction upon the manikin given by the attending physicians.

1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.

👉 MACHINES RENTED. - OPERATORS SUPPLIED. 👈

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, TORONTO.





## The Sanitarium

Is airy, roomy, cheerful and home-like. Large lawn in front and behind. It is situated on the prettiest and pleasantest street in Toronto, yet removed from the noise of the street, and combines quietness and convenience. No noise of street cars to disturb.

Patients are under the care of the Medical Superintendent, and, also, when desired, the advice of consulting physicians, eminent in their respective departments, may be had.

Physicians who have patients in need of the benefits of Sanitarium life, or who require electrical or massage treatment, baths, etc., may keep them under their own personal

supervision, the Medical Superintendent and staff co-operating for the benefit of the sufferer.

The Sanitarium is immediately opposite the Institute building and is conducted in connection therewith—the latter being used for bed patients, while the former is occupied by convalescents. Music, meetings, lectures and other means are introduced for their beneficial hygienic effects.



## TORONTO

# ELECTRIC INSTITUTE AND SANITARIUM

**192, 194, 196 AND 231 JARVIS ST., TORONTO.**

JENNIE GRAY, M.D., C.M., M.C.P.S.,  
Medical Superintendent.



PROF. S. VERNON, Electro-Therapeutist.  
MRS. S. K. VERNON, Assistant Electrician.



The Institute, established 1876, and conducted continuously for eighteen years at 231 Jarvis St., has always been in cordial relation with the medical profession, who have always co-operated heartily. It has been recently placed under medical supervision, and is, therefore, prepared to deal with all cases submitted. Baths of various kinds—electricity, massage—provided, as may be required by patients. Trained nurses in attendance.

### OFFICE PRACTICE ATTENDED TO AT 231 JARVIS STREET.

Members of the staff are available for electrical and massage treatments for out-patients under the superintendence of attending physician.

Resident patients pay from \$12 to \$25 per week (board included), graded according to nature of treatment, location of room, and amount of attention required.

**THE VERNON PATENT PHYSICIAN'S BATTERY, COMPLETE, \$50.00.**

**Address all communications to Medical Superintendent, 231 Jarvis St., Toronto, Ont.**



# DR. WILLIAM A. HAMMOND'S PRIVATE = HOSPITAL

—FOR—

DISEASES

OF THE

NERVOUS SYSTEM

WASHINGTON, D. C.



The Hospital is situated on Columbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington. The soil is dry and all the surroundings are free from noxious influences. The Fourteenth-street cable cars run almost to the door. The building is very large, and in its construction every sanitary requirement has been fulfilled. The number of patients is limited to twenty. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable. The building is heated throughout by steam. For further information DR. HAMMOND can be addressed at the

Hospital, 14th St., and Sheridan Ave., Washington, D.C.

## The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

# Canadian Medical Practice and Partnership Office.

J. E. WHITE, M.B., M.D., Toronto University; M. C. P. & S., Ontario. Office Hours—8-10.30 a.m.; 1-3.30 p.m.  
7-9 p.m. 185 Carlton Street, Toronto. Telephone No. 3370.

The strictest privacy is exercised, that neither name nor location is known, until all the details have been considered satisfactory, and purchaser agrees to meet the cash required, if on visiting the one selected, he finds it is as has been represented, as to cash income, value of property and suitability of field.

The honour of each one is pledged in all negotiations, and has never been violated in the experience of the Office. Register Blanks for details with terms, sent on application to vendor or purchaser. These will supply all complete and concise particulars necessary for a choice without name or address.

All necessary advice the experience of the Office possesses is freely at the service of those wishing its aid. No Commission is expected until transfer has been made, and all negotiations are made through it as a reliable medium by both vendor and purchaser, and each party pays an equal share of the Office Commissions.

Gentlemen in quest of suitable locations, requiring private details of any particular place, without incurring the expense of travelling, may procure perfectly reliable particulars through the Office immediately following the registration of the wants.

Everyone wishing the advantages of this Office to sell or secure practices or partners, must deposit \$5.00 as an evidence of their *bona fides* to their confreres, which is returned when transfer is completed.

## PRACTICES FOR SALE OR LEASE.

**For immediate transfer.** A leading practitioner in town of 2,500 population, compelled to take a rest through illness, wishes an experienced, married, energetic man, to whom he could transfer his \$3,000 yearly income and \$4,000 property.

**In live Western town.** A gentleman taking a partnership desires to transfer immediately to any young, active, married man a fine \$2,000 practice. An excellent chance.

**In manufacturing centre, West.** Gentleman leaving a \$2,500 practice for a European trip, wishes immediately to transfer his lease and equipments of centrally located property. Capital opening for man desiring good large town practice.

**Fine village and country practice,** over \$1,500; one confrere; for cost of property; or will lease for 25 per cent. of income. Capital opening.

**Town practice and drug store attached,** in Western county; \$4,000 per year; admirable combination; situation central. Rare opportunity for anyone tired of rough country roads.

**\$2,000 practice;** excellent chance in large Western town; exceptional advantages for good surgeon. Mechanical centre. Very easy terms.

**Neat, comfortable practice,** \$2,000; North-Western town; thoroughly established; for price of dwelling. Splendid opportunity.

**The two best practices in the two best manufacturing centres of Western Ontario for transfer; average income, \$5,000; long established, with best official appointments; only open until December 1st. Successor must command \$1,000 to \$2,500 and be well qualified and experienced.**

**In Toronto, handsome corner residence** and long established practice of about \$7,000 per year; finest location. Principal retiring from active work. Only one of exceptional ability accepted; only cost of residence. Just the opening for man, experienced, moving to the city.

**Choice \$2,000 practice** in good manufacturing centre, 2,500 population; over \$2,000. Good official appointment; excellent opportunity for active young married surgeon. Property for lease, if preferred with small bonus. \$350.

**Good opening** for active experienced man in a central city; over \$1,500 per year, easy; sell or lease property; splendidly located and give good introduction.

**Three good openings in Toronto,** long occupied by physicians, where comfortable practices may be secured at once for rental and small bonus.

**Good opening** in York County; thriving village; splendid equipment; fine comfortable house; good roads, wealthy people; \$2,000 per year; a rare chance.

**Capital \$2,000 practice,** for cost of residence, in central Ontario—village. One of the best openings for young married practitioner. Apply immediately, bonus \$250.

**Four unopposed openings** for active young men. Good field and earning power from \$1,200 to \$1,500, where cost of living will not exceed \$300 a year.

**First-class opening,** Northern district, for a first-class man, to succeed to a long established practice.

Splendid \$6,000 practice and \$4,000 property, west, beautifully situated. Established for eight or nine years. Good introduction; \$4,500; opposition insignificant.

A smart young married man, having \$500 cash, can step into a practice of more than \$2,000 by acting immediately.

**Wanted**—An active young doctor who can speak German.

**Wanted**—Assistant physician for large private Hospital and Sanitarium. Apply immediately.

**Man, to take Two good openings** for active young men; competition none, or very slight; may be secured for \$100 each.

Partnership open with leading physician in long established practice of \$6,000. \$2,500 with suitably qualified person will secure half interest, and the same sum may retire the principal at any future time agreed upon. A rare and exceptional chance.

## PARTNERSHIPS WANTED IN GOOD ONTARIO PRACTICES.

Four young, active practitioners, with European, post-graduate and local experience, desire partnerships with long established elderly confreres. Can pay from \$1,000 to \$2,000 cash for half interest, and will purchase the retirement of the principal whenever agreeable.

Gentlemen desiring *locum tenens*, or assistant, may secure them at shortest notice.

**A permanent staff** of three experienced men, holding English qualifications, are now available for immediate service as *locum tenens*. Terms: Fee \$5.00, and half net income during term of engagement.

**BRITISH COLUMBIA.**—Three good openings required in live towns in British Columbia by active, experienced doctors.

**Partnership or assistant's position in any maritime province wanted by able and energetic young gentleman** of hospital experience, highest references; would possibly purchase the retirement of principal in a year or so.

Gentlemen in any of the Provinces desiring to dispose of their properties and practices, or to secure partners, would confer a favour on their confreres by entering the particulars and lowest terms upon the Confidential Register of the M. P. P. Office, and avail themselves of its private methods and advantages in the transfer. Each deposits \$5.00 as evidence of *bona fides*, which is returned when their transfer is completed. No business is done until one's want is properly registered.

Letters of inquiry must be direct from medical practitioners only, and must enclose stamp for reply, otherwise they will be unnoticed.

Address—

185 CARLTON STREET.

DR. J. E. WHITE, TORONTO.

# D. APPLETON & CO.'S PERIODICALS.

.. THE ..

NEW YORK JOURNAL

.. OF ..

## Gynæcology and Obstetrics

ISSUED MONTHLY.

EDITED BY

A. H. BUCKMASTER, M.D.

J. D. EMMET, M.D.

WITH THE FOLLOWING COLLABORATORS :

THOS. ADDIS EMMET, M.D.

A. J. C. SKENE, M.D., Brooklyn.

T. GAILLARD THOMAS, M.D.

W. H. BAKER, M.D., Boston.

HOWARD A. KELLY, M.D., Baltimore.

J. C. REEVE, M.D., Dayton.

CHARLES JEWETT, M.D., Brooklyn.

E. C. DUDLEY, M.D., Chicago.

*The Official Organ of the* : : :

: : *New York Obstetrical Society.*

The ..

## New York Medical Journal.

A WEEKLY REVIEW OF MEDICINE.

EDITED BY

FRANK P. FOSTER, M.D.

VOLUMES BEGIN IN JANUARY AND JULY.

Subscription price, \$5.00 per annum.

Single Number, 10 cents.

Journal of ..

## Cutaneous and Genito-Urinary Diseases.

(Published Monthly.)

EDITED BY

JOHN A. FORDYCE, M.D.

Subscription price, \$2.50 per annum.

Single Number, 25 cents.

The ..

## Popular Science Monthly.

EDITED BY

WILLIAM JAY YOUMANS.

Yearly Subscription, \$5.00. Single Number, 50c.

SAMPLE COPIES SENT ON APPLICATION.

NEW YORK:

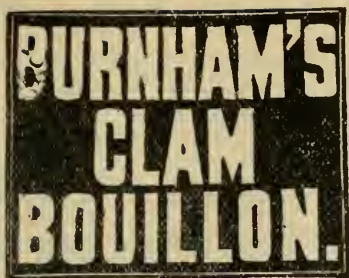
## D. Appleton & Co., Publishers.

CANADIAN AGENCY:

GEO. N. MORANG, Manager.

63 YONGE STREET, TORONTO.





## A Food That Takes One Back To First Principles.

### WHAT IS IT?

A concentrated, palatable liquid, extracted from the quohaug or Clam, a low form of animal life, put up in bottles only, and sterilized so as to keep in any climate indefinitely. It is composed principally of phosphorus, lime and sodium, making it more closely allied to the gastric juices of the stomach, and is of such a nature as to be nearly self-digesting, and is quickly assimilated. Persons apparently upon the very verge of dissolution have been known to revive after the administration of a spoonful or two of **Burnham's Clam Bouillon**, taken hot, every few minutes, and started on the gradual road to recovery.

It is quieting to the nerves, as it seems to affect the brain almost instantly, producing a desire for natural sleep, and its effect in that respect is further noticeable in cases of alcoholism, which difficulty it will overcome entirely in a very short time. Nothing better can be used in all forms of gastric troubles, where a food is wanted that possesses properties that can be easily retained by the stomach, that is pleasing to the taste, and not offending to the patient in the least degree. Nature seems to have combined in the elements of the Clams properties of great value, and being a departure from the general line of food products, and so simple, there is no excuse for refusing to try it. You will find it a very acceptable change from the long list of Beef and other food products now offered.

It is put up in three sizes of bottles, that retail at 25c., 50c. and \$1.00 respectively, and is handled by all first-class druggists and grocers. **Never order Clam Bouillon for a sick person unless it is put up in glass bottles.** Physicians who desire to try it will be supplied with a bottle and further information free upon application to the

E. S. BURNHAM COMPANY, 120 Gansevoort St., N.Y. City.

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## **COD LIVER OIL AND IRON**

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

\*

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

Put up and sold only by

## **Ferrol Manufacturing Co.,**

Retail by all Druggists . . .

HEAD OFFICE:  
**205 SPADINA AVE., TORONTO.**

# "Vinolia" Soap.

## TESTS FREE.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

TEST  
YOUR  
SOAP.

WE will supply, free on application, tests for Soaps, with bona-fide reports from medical and other scientific journals, together with facts and figures, showing "VINOLIA" Soap to be the **Purest, Safest** and **Best** for Skin Irritation, Toilet, Nursery and Bath.

## RECOMMENDED BY MEDICAL MEN.

*THE LANCET*, London, reports:—

"Odour del cate and an article of excellent quality."

*THE BRITISH MEDICAL JOURNAL*, London, reports:—

"'Vinolia' Soap is of unquestionable excellence, and much in favour with the profession."

Floral 15c., Medical Balsamic 25c., Toilet Otto 35c. and Vestal 85c. per tablet. Shaving Soap, 30c., 40c. and 60c. per stick; flat cakes, 50c. Vinolia Shaving Foam (in collapsible tubes) 50c. and 85c.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST,  
SAFEST,  
BEST.

PUREST.  
SAFEST,  
BEST



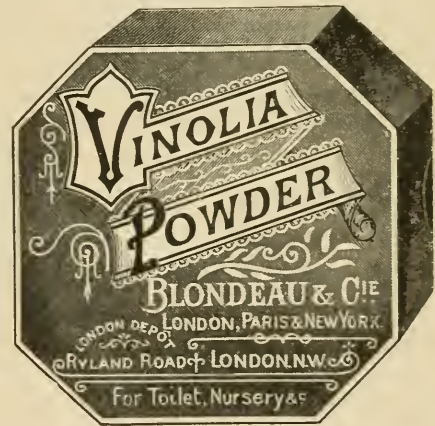
For Face Spots, Insect Bites, Rash, Etc.

"An emollient cold cream of much convenience in many minor skin ailments where a soothing protective is required."  
—*British Medical Journal*.

"'Vinolia' is an emollient cream for the skin in eczema, rash, eruptions, etc. It possesses a fragrance of distilled roses."—*Lancet*.

For acne spots on the face, and particularly for eczema, it is undoubtedly efficacious, frequently healing eruptions and removing pimples in a few days. It relieves itching as if by magic.—*Baby*.

50c., \$1.00 and \$1.75 per Box.



For Chafes, Tender Feet, Oily Skins, Etc.

"An impalpable rose dusting powder, soluble, of remarkable fineness, and well adapted for the nursery, toilet, weeping surfaces, and sweating feet."—*British Medical Journal*.

"'Vinolia' Powder is well adapted as a dusting powder for toilet purposes."—*Lancet*.

"Superseding the old toilet powders, which are apt to cause acne by blocking up the pores of the skin."—*Ladies' Pictorial*.

In PINK, WHITE and CREAM.

50c., \$1.00 and \$1.75 per Box.

"VINOLIA" DENTIFRICE, English. 75c.; American, 50c.

**BLONDEAU & CIE., 73 AND 75 WATTS STREET, NEW YORK.**  
ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.



# A WORD ---

... ON ...

## MALT EXTRACT

---

In the manufacture of our Malt we use only

**SELECTED CANADIAN BARLEY.**

---

A malt extract, properly speaking, is both a nutritive and a digestive—nutritive because of the presence in it of a large percentage of digested starch; and digestive by virtue of the diastase it contains. It should be remembered that in the administration of pre-digested foods the stomach is entirely relieved of the labor ordinarily incident to digestion, and the assimilation of the full quantity of nourishment introduced into the alimentary canal is thus assured. Malt extracts, as regards their digestive power, are valuable or not, according to the care exercised in their manufacture and the amount of diastase which they contain. This, fortunately, is a matter capable of easy determination by estimating the action of a given quantity of any sample upon starch, under conditions similar to those which prevail during natural digestion.

We have devoted much time and study to the subject of digestives and their manufacture, and in introducing to your attention our Malt Extract we do so with the positive knowledge that it is at once a more active digestive and concentrated nutrient than any similar preparation now on the market.

Aside from the digestive and nutritive value of malt extract, its sweetness and palatability make it a valuable vehicle for the administration of remedies possessed of a disagreeable or nauseating taste.

You are respectfully requested to write for our literature upon malt extract and its combinations, particularly "A Word to the Medical Profession," which forcibly illustrates

"WHAT A GOODLY OUTSIDE FALSEHOOD HATH."

---

# PARKE, DAVIS & CO.,


**WALKERVILLE, ONT.,**

DETROIT, NEW YORK, AND KANSAS CITY, U. S. A.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

 All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, DECEMBER, 1893.

[No. 5.]

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### PROFESSIONAL TAX *A LA* SANGSTER.

As usual our one reliable—by this I mean, sure-to-be-there—correspondent expends half a page in reviling (I can use no other word) us personally, by trying sarcasms and mere bombast. There is one thing very sure and very plain to anyone, that is, that Dr. Sangster needs no one to whistle for a wind for him, as he is so very well supplied with that commodity that it is a source of wonder to many how the ordinary atmospheric pressure keeps him down on this mundane sphere of ours. In fact, it would be no surprise at all to hear that he has flown to some warmer clime, where he could certainly make good merchandise out of it.

We are personally obliged to him for attempting to correct our diction, but we distinctly prefer to choose our own words, and are still satisfied with “laid” as used there.

After letting off his spleen, the doctor goes on with his arguments, if so they may be called, to prove that the Council exists principally for the sake of the schools, starting his premises from the beginning of the Council, as usual. This portion, and, as far as we can see, most of the remainder of the letter, were answered in our last issue. Our

correspondent has a very happy faculty of twisting round a statement of his own to apparently make a new argument, when it is only the old one in a new dress. We are not here for the defence of the schools, as they are very well able to carry out their own. The idea of the professional tax is not hindered in the slightest by the statement that they do not pay \$400 each for their representatives. His statement all through on that line is simply a *reductio ad absurdum*, and requires no notice on our part at all.

The knowledge displayed as to our technical schools must have been conned from other than personal experience, as the very short space of time spent at one by Dr. Sangster, and that on the other side of the boundary line, could scarcely have put so much into his brain.

There is only one more thought we wish to express in this connection, and that is as to the length of the letters. It is injudicious—both on our part, because we are using too much space, and on our correspondent's, because a three-page letter is much less likely to be read than one half as long—to allow this to go on any longer. So, with all due respect, we must request Dr. Sangster to limit his epistles to, at the most, a page and a half, which he can easily do by leaving out all personalities.

### LODGE PRACTICE.

We are glad to see the interest with which the question of lodge practice, and practice by contract, is being discussed in our medical papers, and the unanimity with which these modes of practice are condemned. It is a question of great importance to every active medical man, one on which everyone must come to a decision, and we are confident that with scarcely an exception the decision would be against the whole system if the case stood merely on its merits. The principle on which it is based is an utterly false one. It is not that of "a fair day's wage for a fair day's work," but a minimum of remuneration for an indefinite amount of work.

One severe case of typhoid, for example, would often cover the full sum received from a lodge of seventy-five members for a whole year. Medical men give their services for charity's sweet sake more abundantly than any other class or profession, and that with a readiness and cheerfulness and actual pleasure begotten of their generous love of helping a fellow-being in distress. But all the less is there a claim on them to throw a mantle of what is in a large degree charity, over all sorts and conditions of men able to pay for the services rendered them. It is not merely that the lodge physician gives away his own services for a mere trifle, but he honeycombs the practice of his confrères for a petty fee, and thus deprives them of what would otherwise be theirs.

He makes himself cheap and places himself at the beck and call of a "brother," who shows his brotherliness by summoning him on every occasion, convenient or otherwise, however trifling his indisposition. The other day a lodge member summoned his physician to his bedside between five and six a.m. His great toe-nail was hurting him and he wished it attended to before he went to his day's work. The doctor's indignation was curbed, by the fear of losing a vote at the next election. He loses his independence, and in the end has the consolation of losing his position because he failed to visit a sick member as often as the latter thought necessary. Again, no man will continue to do justice, either to himself or his patients, when he knows that he is giving his services for far less than they merit, and when the motive in thus

rendering himself cheap is that he may, in the course of time, gain the family practice from the hands of a brother practitioner, his action is almost on a par with that of him of whom we were recently told that he begged to be allowed to attend for nothing a case of *a recurrent type* to show his expertness, with the hope, of course, of being a leading actor in all future occasions of the kind. Another objectionable feature is, that to retain his hold, the medical man must dance attendance on lodge meetings about two nights a month for every society to which he belongs, and so wastes valuable time that ought rather to be spent among his books, cultivating those habits of study that are so easily lost. If he does choose this better part, his "brothers" think he has lost interest in the success of the lodge, and soon some more genial individual with a "hail-fellow-well-met" style is brought on the scene and made the recipient of the lodge's favour.

Such a state of things should cease, and that at an early date, but the desired end can only be reached by unanimity among our profession. At present one man admits the practice, in self-defence, because his neighbour does. It should be made a live question at all medical society meetings and the support of all enlisted. Then at the next Ontario Medical Association Meeting the subject might be thoroughly treated and handed over to the Council for action. If societies and associations, of whatever kind, desire to co-operate in providing medical attendance for their members, there need be no objection. Indeed it is well that they should do so. But let them pay the regular fees for the attendance given, and each man choose his own physician.

---

### DISCIPLINE.

The Committee on Discipline of the Council of the College of Physicians and Surgeons, composed of Dr. H. P. Day, Belleville, Chairman; Dr. Logan, Ottawa, and Dr. Bray, Chatham, held a meeting in London on Tuesday, November 5th. The charges investigated then were those preferred against Dr. T. R. McCullough, of Enniskillen. The evidence presented was well sifted and shaped for report.

The session was continued in the Council building here on December 6th. The culprits whose



deeds were put under the search-light, were Drs. W. F. McBrien and Willson, of Toronto. Many witnesses, both medical and lay, were examined in all the cases, the Committee thus being able to give a full report at the next session of the Council. An erroneous idea prevails with many, that this committee not only examines the cases but gives judgment as well. On the contrary, it simply takes the evidence and makes a report to its ruling body.

Whatever may be the outcome of these cases, the mere fact of the trial occurring should be a warning to keep those liable to stray from the right path. That there are some is shown by the report of Detective Wasson. He named nine medical men for unprofessional conduct, but so far the evidence in four cases only has been prepared. Our advice is, "*Cave canem.*"

#### VACCINE—ITS QUALITY AND THE METHOD OF PROCURING.

One of the laws in our public school system requires successful vaccination of children before they are permitted to enter any of the schools. This fact necessitates every physician vaccinating a number of cases every year, some more and some less. Leaving this aside, the strong and thorough faith put in vaccine as a preventative of small-pox by most parents, brings the children to our hands at a younger age than would be necessary for school purposes.

These things bring before us the necessity of having good, fresh vaccine easily procurable by all medical men. Unfortunately, quite the reverse is the case in this city, and presumably in all parts of the Dominion.

You are sent for to vaccinate a child anywhere from three months of age to five years, and after some trouble you get your points. Now, it is not a serious or troublesome operation, but it hurts the child quite sufficiently to create considerable rum-pus, disquieting both the patient and its mother, and you leave, hoping the work is over. Much to your disgust, you get word, in a few days, that "It did not take," and you have to go through the same performance again, and, in many cases, have considerable worry in making the family believe that it was not your fault. They really do not

understand why your vaccine is not fresh, and why you have not seen that it is so.

You understand it, however, and silently utter anathemas against your source of supply. What, then, is this source of supply? It easily fits itself in three places: (1) The city health office. Here you send down or go down to get what points you may need, and two to one they have none—either just out or expecting them every mail; or if they have them they give you two or three out of a broken package—how long open it would be hard to say—and if you object to that they simply want you to buy a whole package. *Apropos* of the health office, a little incident that occurred to a medical man in the city would not be out of place. Requiring three points, he went to the office to get them. Being assured they were fresh—which in this case could not have been so, as not one of them took, to use the common expression—he paid 15 cents for them, as he used to do under the old *regime*, and had scarcely got back to his office when through his telephone he was informed that the points were now 10 cents each. He said he would call the next time he was down town, but they were too impatient. Inside of a week a collector called three times with a bill of 15 cents, the number of times being necessary because he could not change a bill. It was a laughable incident, even the collector feeling himself called upon to apologize. (2) The druggists, who keep their stock in from year to year, and hardly see the point—no pun meant—of why points should not be fresh or good if a package has been opened. (3) Palmerston Vaccine Farm, controlled by Dr. Stewart. To there we can write and get points by the package, but as the fee for vaccinating would not cover the cost of the package, the absurdity of obtaining them in this way is easily seen. Without reflecting on the proprietor or the excellence of this farm, there is a suggestion of a want of control about it—a want of some responsible party, or better, government at the head of it to give us a feeling of security that we can depend on fresh points being sent to places where they may be obtained. We know that, when ordered, the vaccine obtained here is first-class, but that is not all we need.

Such an important subject as this should be taken up and settled. It is important not only to the profession but to the great public. One of

our Governments, either Federal or Local, should have this crotchet put in its head, and let us see whether, by a little turning of a needle in its brains, something good could be gotten out of it. With government control of the farms, or even farm, and local stations—none better than the health offices of the various places—an elysium in vaccination would be opened up to us.

We would be pleased to publish any *short* communications sent to us about this matter.

---

#### EDITORIAL NOTES.

The *Pacific Medical Record* comes to us this month under the name of *Medical Sentinel*. The change is one of *name* only; the management, editorial and business, remains the same.

---

Dr. W. C. Law, of Beeton, is, we understand, in the field as a candidate for No. 9 Division, which includes the County of Simcoe and the Districts of Muskoka, Parry Sound, Nipissing and Algoma.

---

At the present time the number of members in the Medical Council is twenty-five. On account of the new legislation this is increased to thirty, by the addition of five territorial representatives. The new Council will thus be composed of twenty-two territorial representatives, including five homœopaths and eight collegiate members.

---

It is within the range of probability that the profession will soon be told that in the new Council the twenty-two territorial representatives will be governed by and be subservient to the will of the eight university and school representatives. This would only be carrying out much of what has been served up to us lately in the public press.

---

We learn from various sources that Dr. Philip, the Vice-President of the Medical Council, and the representative of the Erie and Niagara Division for the past two terms in that body, is likely to be a candidate again at the next election for No. 8 Division. There is a desire upon the part of many of his constituents that he should be in the

new Council. We sincerely trust that he will be enabled to see his way clear to become a candidate, as he has been one of the ablest and most useful members of the Council for many years past, and has done yeoman service as chairman of one of the most important committees of the Council.

---

The universities and schools are entitled to representation in the Medical Council by right of the agreement entered into at the time of the formation of the Council. They then surrendered their right to grant diplomas which entitled the holder to registration. This was then and is still the only arrangement in which a corporate body like this could be formed and still exist. If the right of representation had not been granted, we would still have a number of standards of medical education.

---

We have been pained to observe that certain members of the medical profession, presumably in good standing, two of them being on the staff of one of our contemporaries, should countenance the publication of certain articles that have recently appeared in the press of this city, either laudatory of the scholarship of anyone, or, commending a limited number of others as having an especial adaptability for carrying out certain lines of treatment. These are the things that make it difficult to stamp out quackery, and we are sure we voice the sentiments of every honourable and right-thinking man when we say that, if they are in any way responsible for the publication of the articles referred to, their action cannot be too strongly condemned.

---

For many years the Medical Council of Great Britain has sought to secure for the medical profession of that country the privileges enjoyed by that in Ontario. Their efforts so far have been useless, and still continue to be so on account of the strong antagonism of the universities and schools which are now the licensing bodies. Thus we see in older places than ours, disadvantages are kept over the heads of the medical men which once we suffered from, and would still be suffering from if our colleges had not relinquished this privilege to all, on the establishment of a standard.

of medical education to be set up. And still our correspondents, or at least one of them, tell us that the schools still dominate the Council and that that body only exists for their aggrandizement.

---

The British Medical Council has greater power than that of Ontario in regard to the erasure of names—anyone guilty of misdemeanour or felony, or anyone who neglects to reply to the registrar as to his location may have his name erased. It was upon this precedent that a similar clause was introduced by the amendment of 1891, against which some objected so strongly.

---

It is said that the manager of the Daggett Table Co., of Buffalo, was recently arrested by the Inspector of Mails, charged with having violated the postal laws, on the ground that the law covers "any print exposing any part or all of the genital organs of either male or female." He claimed that all prints, book or pamphlet, containing such illustrations are a violation of the postal laws, *no matter for what purpose intended*.

While thinking over the matter, we have come to the conclusion that one of two things has happened—either the Postmaster-General of the United States, through his subordinate, has been very remiss in his duties in the past, or that in the present proceeding he bears a very *striking* resemblance to a certain long-eared animal noted for its kicking proclivities.

The *Medical Herald*, in commenting, says that "one so careful of the morals of the public should use his official influence with Congress to have that august body enact a law that these organs of our domestic animals shall be so protected from view as not to shock the feelings and purity of those who may chance to own and use such animals, or be unable to avoid seeing them as they pass along the streets."

It is to be hoped that the Postmaster-General will speedily rectify the blunder made by his subordinate, for if medical literature containing such illustrations is also to be debarred from passing through the mails, much that is interesting and instructive would be removed from our library table.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. McGUIGAN, Associate Editor for British Columbia.

---

The Medical Council of this Province, in securing a portion of this journal to be devoted solely to matters of interest to British Columbian practitioners, consider that they were not only supplying an urgent want, but that they were taking the first step towards establishing a provincial medical journal in the near future. As associate editor we fancied that our labours would chiefly consist in deciding as to which of the numerous papers contributed should have precedence in the order of publication. Neither paste-pot nor scissors were provided for our sanctum.

---

While it may be highly flattering to feel that our brethren prefer reading our lucubrations to their own, we must beg them to consider the impression that our empty columns must convey to those not resident in our Province. We believe, in fact we know, that numerous cases of interest are being treated daily both in our hospitals and in private practice; and from our knowledge of the qualifications and abilities of the majority of men on our register, we feel sure that careful notes are being taken of these cases.

We ask that reports of these cases, or comments upon them, be preserved by having them published in these columns. In this way not only will most interesting and instructive matter be provided for our readers, but the reproach that our medical men are either very apathetic, or else deficient in literary ability, be removed.

---

Our Province is very young and still sparsely settled, but within the last ten years it has been well supplied with medical men, many of whom possess attainments which would be recognized in any city. The members of our profession in British Columbia are, as a rule, highly educated, and many of them have elected to live in our Province from a whole-souled love of their calling, a desire to investigate the etiology and morphology of disease under new conditions. The population of the smallest mining camp, as well as that of our



largest towns is composed of many nationalities, and there is probably no *clientele* which does not include patients of nearly every race on the face of the earth. The study of the aboriginals, now fast disappearing, and the manner in which their medicine-men and wise women diagnose and treat disease, is most interesting and instructive. The manner in which Cingalese, Kanakas, Hindoos, Chinese and Japanese adapt themselves to their changed environment, and the result of such a change in the form of their diseases, is well worthy the close study which we believe it is receiving from some of our profession. There is no lack of observers, careful and scientific observers, but, so far as we know, there is a great lack of published observations, and this serious "but" it is the purpose of this paper to remove.

Short papers, notes of cases, personals, and items of interest to the profession generally will be gladly received, and will be hopefully looked for by the associate editor.

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### SECRET NOSTRUMS.

In the Province of Nova Scotia there is a company organized to manufacture and sell a preparation under the style of "K. D. C.," said to be a great remedy for dyspepsia—the newspapers are full of testimonials.

We recently sent a sample to Philadelphia for analysis and examination. "Dr. Walling who examined the sample, states that it is composed principally of sodium bi-carbonate, mustard and a very small and unimportant trace of aromatic bitters, probably added to disguise it. Therapeutically it exerts the power of soda and if people choose to pay a dollar for a half cent's worth of this valuable drug they have the privilege. If anyone wants to see for himself how much soda there is in it, all he has to do is to drop in a little *vinegar* after mixing the powder with water, and see it effervesce."

Is it not time to have a general law passed in this Dominion requiring all patent medicine and secret nostrum vendors to publish their formula

with the Government or on the label attached to each package or bottle? Why should the public be defrauded and why should men be allowed to put up drugs of the ordinary kind or general class under a euphonious name which the combination will not warrant? Legislation is demanded upon this question, and medical men must do some talking and show up the scoundrels who are fleecing the people, and hold the press and the drug trade in their grasp as subsidized agents.

### MEDICAL PRESCRIPTIONS.

Prescriptions sometimes cause a trouble legally as to ownership, and in consulting members of the profession we find that hardly any two of them are agreed as to the principles that should govern a prescription. Who owns it, the doctor who formulates it or the patient for whom it is prescribed? If medical men were agreed among themselves as to the nature of the contract, or the principles underlying it, lawyers would not be called upon to define the matter for them—and their own practice would decide before our judges. First, then, a prescription is a literary production, formulated by the doctor to suit a patient in a particular case, and he sells the *usufruct* of it once to the patient. The patient doubtless has a *fiduciary* ownership in the paper and might hold an action against a third party; but the real ownership of the prescription is vested in the doctor as the author. The law of authorship governs. The discussion of this problem is essentially a new one, as there are few, if any, discussions to be found upon the unauthorized use of medical prescriptions, and in order to discuss it fairly it should be done on the lines of (1) the legal character of a prescription, (2) the rights acquired by the patient in it, (3) the legal relations of the druggist to it.

As already observed, the prescription is the *property* of its author, and he may repeat it, or resell it as often as he pleases, for he only disposes of the right of use to another, and the absolute ownership still remains in himself, and the patient on his part only pays for the *use* of that advice or prescription for that one time only. True, the prescription consisting of the paper and formula, and being written for the party who pays for it, the patient would have a right of property in the

paper, and a right to the personal use of the formula, for once, as the doctor would not be responsible for the use of it a second time without his authority *de novo*. A second use would be at the patient's risk and responsibility entirely, unless the druggist might come in for a share of the blame. No prescription, when dated, implies illimitability of time, and the physician's liability terminates with the occasion for which he originated it. The apothecary, or druggist, on the other hand, receives the prescription as a letter of advice or private instructions for compounding certain drugs under specific conditions relating to *time* and *persons*. As the patient cannot acquire a right of property in the literary production, it is clear that the druggist cannot acquire any property right in the prescription either—at least no better right in the premises that belonged to the patient, and although he may run the risk on his own responsibility of recompounding it for the original patient, yet it is a good law that he cannot legally recompound it for a third party without obtaining the permission of the author. If a prescription, however, has no name or signature to it, it is regarded as an anonymous composition which anyone might appropriate, as there is no evidence of ownership. Physicians everywhere are interested in coming to a general understanding upon this matter, and to understand—they then dare to maintain their rights. The jurisprudence taught in the colleges does not put this matter plain enough, and the greater bulk leave the college halls with very crude notions upon this and other questions affecting the legal status of physicians in the matter of fees, etc. Judges and advocates often take undue advantage of the fraternity because they are not at home in jurisprudence of medicine.

In passing pharmacy laws in the various provinces the medical men should be on the lookout for their own rights and not be found *napping*. Medical laws also might define the character and rights of the author of a prescription, and that the unauthorized use or publication of the same would be punished by fine and imprisonment. Druggists, I fancy, are the greatest offenders, and I will say the greatest promoters of quackery in the country—there are honourable exceptions, but the prescribing druggist is a quack from the word "go."

## Original Communications.

### CASE OF GUNSHOT WOUND.\*

BY HADLEY WILLIAMS, M.D.,

Demonstrator of Anatomy, Western University.

Detective Harry Phair was shot on the 13th day of October, 1892, in the city of London, Ont., from the effects of which he died six days later. This case is somewhat remarkable for the length of time life lasted with such severe injuries to internal organs. There was considerable shock at the time, but the patient rallied a few hours after and his mind remained clear up to the evening previous to death. He was sixty-three years of age, and had been strictly temperate for the last seven years, but addicted to stimulants before that time.

Almost immediately after the injury I found Mr. Phair reclining on a sofa, feeling very faint, but able to talk a little. On examination of chest wall an aperture was visible at the anterior margin of the left-front axillary line, slightly above the seventh rib. There was some little hæmorrhage and a few bubbles of air.

He was removed to his residence, on a stretcher, two blocks away, and put to bed. Hot bottles were ordered to extremities and half an ounce of brandy given.

On passing a blunt pointed probe down to the eighth rib about two hours later, spiculæ of bone were felt, and in consultation with Drs. Waugh, Wishart and Mitchell, it was decided to cut down and remove portions of the rib, and, at the same time, to give free drainage and clear all source of infection, as shreds of cloth, etc., that were probably carried into the tissues. Chloroform was administered, and an incision made three inches in length through the thick muscles down to the eighth rib, which was found to be completely fractured and comminuted. The spiculæ piercing the pleura were carefully removed. In the visceral layer an aperture the size of an ordinary lead pencil was visible. No bullet being felt, the upper part of the wound was closed and dressed under antiseptic precautions.

At 10 o'clock the same evening vomiting came on. The temperature rose to 99 $\frac{2}{3}$ , the pulse to 96.

\* Read before London Medical Association.

Early the following morning half a pint of normal urine was passed, but late in the evening there was hæmaturia with some pain over the bowels. Examination was negative. Morphia, gr.  $\frac{1}{8}$ , hypodermically, was given. At 5 a.m. of the third day, pain in the abdomen became very severe, for which gr.  $\frac{1}{4}$  morphia was administered. Poultices of linseed meal offered some relief. Nourishment was well taken, consisting principally of milk and beef tea. Later the wound was dressed, no suppuration present. Temperature chart showed  $102\frac{1}{2}$ ; pulse 120, small, wiry, but regular. The bowels moved five times in two hours, the feces being of a dark color. In the evening bloody urine was voided at an interval of three hours.

Fourth day, remained about the same; tympanites very marked, with abdomen abnormally tense. The wound, when dressed, was healthy.

On the fifth day there was no improvement in the symptoms. Vomiting came on, which was partially allayed by small pieces of ice. R Bismuth, grs. x., Vin Ipecac, M.i., every twenty minutes, gave some relief.

On the sixth day a hypodermic had to be given for pain; the patient was more restless, delirious at intervals, and picked at the bedclothes. There was an involuntary passage of urine. Six hours later, on account of incontinence, dulness was sought for and elicited over the pubis. I passed a Jake's catheter and succeeded in drawing off rather more than a pint of bloody urine. Towards evening the patient was much weaker, and seemed to have lost the power of using the muscles of the neck, being unable to raise his head from the pillow.

Early on the morning of the sixth day urine was again voided involuntarily, when I used a soft rubber catheter. In the afternoon I saw the case with Dr. Macklin; the breathing was shallow and quick, extremities cold, and the abdomen very tense. I again used catheter in the evening for a half pint of bloody urine. Patient was almost unconscious, but the pupils responded to light.

At 11 p.m. the temperature dropped to  $99\frac{1}{2}$ . Pulse was 130 and almost imperceptible. The extremities were cold; the patient was unconscious, and the pupils no longer gave any response to stimulation. Death took place early the next morning.

#### SYNOPSIS OF POST MORTEM.

H. Phair, age 63 years; height 5 ft. 7 in. Body well nourished. *Post mortem* rigidity fairly well marked. Mark of violence visible on left side six inches from sternum and six from coracoid process; eighth rib fractured, from which a part had been removed during life.

Lungs—Right, perfectly healthy; left, lower lobe inflamed and softened.

Heart—Normal in position; normal amount of fluid in pericardium; no wound visible; valves healthy; left side empty; right side full.

The opening which the bullet had made in the diaphragm had closed and was with difficulty made out.

Stomach was normal.

A considerable amount of dark fluid filled the peritoneal cavity; the intestines were intensely congested, and small bands of fibrin had already formed between the loops.

An opening was found in the splenic flexure of the colon, through which a dark fluid oozed. The liver and spleen appeared to be normal.

On removal of the left kidney, which was enormously enlarged, the track of the bullet could be traced through its substance in a direction from above downwards and backwards, leaving at the upper posterior part.

Bladder contained two ounces of highly albuminous urine.

Behind the left psoas magnus the ball had grazed the third lumbar (body). The transverse process of the fifth was fractured. The bullet was found close to the latter vertebra and beneath the deep muscles of back.

*Course.*—The course of the bullet was interesting, and though appearing at first to take an erratic path, yet in reality took an almost direct route. It entered the integument over the sixth intercostal space, grazed the seventh rib and smashed the eighth, then passed through both layers of the pleura, traversed the lower lobe of left lung, again through the pleura, punctured the diaphragm, entering the abdomen close to the spleen, and passing through the splenic flexure of the colon entered the left kidney, grazed the sides of the third and fourth lumbar vertebræ and fractured the transverse process of the fifth, lying, when found, in the region of the fifth lumbar beneath the deep muscles of the back.



Death, then, was evidently due to septic peritonitis as a direct result of intestinal perforation, and although cases are on record where recovery took place almost identical with this under consideration, yet they occurred in young subjects, (one, particularly mentioned by Erichsen, I think, who died, however, two years and a half later from the formation of an abscess which opened into the renal artery). Here, even had the aperture in the colon closed by nature's energies, in all probability death would sooner or later have taken place from destruction of the kidney, which was intensely inflamed and twice its natural size. No hiccough appeared as a result of injury to the diaphragm, and throughout the entire illness there was but little evidence, either by examination of the chest wall or internal hæmorrhage of localized pneumonia. For four days before death the bowels were locked, but I particularly evaded giving a purgative, and justly so, because the bowel was penetrated, although, at the time, I was not sure of its being the case; but studying the track of the bullet from an anatomical point of view and knowing the kidney to be affected as demonstrated by blood in the urine, in consultation with Dr. Waugh the conclusion was that perforation had in all probability taken place, and that a laxative would remove the only chance for the patient's life, and even hasten his death. Although confronted by an old practitioner and strenuously opposed, even to almost losing the case, I was wise enough for once, fortunately, to resist the pressure brought to bear upon me. Had the ball struck an eighth of an inch external to the path it chose, the side of the eighth rib would have formed a bulwark against the inward direction, and the patient probably have been little the worse. Watching this case from the reception of the injury to the time of death, and taking into account the appearance of blood in the urine thirty-two hours after, with the rapid onset of the abdominal symptoms characterized by swelling, high temperature, tympanites and vomiting, the course of the ball was traced with a great deal of certainty, though before this time there were no symptoms to lead to the supposition that the kidney had been traversed or that the bullet had indeed gone further than the lung, for it was not until the morning of the third day (forty-eight hours) that peritonitis could be with any certainty diagnosed.

It may be asked, by some adventurous surgeon, why laparotomy was not performed in order to repair by suture the wounded gut, and to wash out the septic material infiltrated into the general peritoneal cavity. In my humble opinion this should not have been entertained for a single moment, in this particular case, for there were no symptoms, practically speaking, for forty-eight hours to show that the bowel had been perforated, except, of course, the hæmaturia, which has often been known to appear as a result of bodily exertion or some great mental emotion, or, perhaps, shock.

From the kidney there are four nervous tracts in connection with other parts, setting up symptoms that often throw considerable light on the locality of the pathological process. The vagus brings it into direct sympathy with the stomach, leading, as often happens, to irritation and vomiting; the spermatic plexus, derived from the aortic and renal sympathetic with the testicle accounting for the characteristic shooting pains complained of in calculus, nephritic colic, etc.; the benito-crural branch of the anterior second lumbar with the cremaster muscle and skin on inner side of the thigh; the anterior crural nerve in its distribution in the lower limb and the knee joint: but all these symptoms were negative, except the irritated condition of the stomach, which was referable to reaction from the shock. Early examination of the urine would likely have shown albumen and even blood cells, but suppose it had done so, what benefit would the knowledge have been to a perforated gut, or even, for that matter, of injury to the kidney itself, so that a laparotomy could not have been performed until the third day with any knowledge that there was perforation.

Then, the necessity for the application of an anæsthetic the second time, the severity of the operation and the great difficulty of finding the aperture in the colon, even had the bowel been distended with air, artificially, would have been most tedious and prolonged, and the reparative process in the abdominal parietes and gut unquestionably suffered from the condition of the affected kidney. But hæmorrhage had freely taken place in front of the spleen and beside the psoas magnus as well, and the whole tract of the bullet was, in all probability, teeming with septic material. Most certainly laparotomy gives favourable results sometimes in young subjects, or even adults with less

severe lesions or complication of other viscera to the same extent. Especially so is this since intestinal anastomosis has been so much written about and performed, and every organ either removed or sliced by the surgeon's knife. But Mr. Phair was an elderly man (sixty-three years of age) and had received most complicated injuries to important viscera. It is admitted, I believe, that age and alcohol are two of the most potent factors against repair in disease, and lobar pneumonia, uncomplicated with any kidney or abdominal symptoms, to say nothing of the diaphragm, is in the majority of cases fatal to a patient of that age, even though the history reveals a most exemplary life. I do not assert that Mr. Phair was ever what is vulgarly termed "a hard drinker," but he was addicted to stimulants. Here, then, was traumatic pneumonia, and injury to the pleura with comminuted fracture of a rib, with softening of the lung, as revealed at the *post mortem*, and although the inflammatory process is not usually so extensive as in general acute pneumonia, yet sufficient in this case, considering the age and history, to cause death, especially if statistics are of any value. I was well aware that during the six days of treatment, every physician and surgeon interested in his profession was watching the results of this brutal crime that raised such intense excitement all over the Province, and in those results there may have been some who nursed laparotomy as a means of removing the missile, healing the bowel, renovating the entire visceral lesions and bringing back health and strength to the unfortunate man doomed so soon for the great unknown land. In my humble opinion, and eminently so in that of each of the consultants, the injuries received were from the inception unavoidably and necessarily fatal.

### THE EVILS OF SUBSTITUTION.

BY CYRUS EDSON, M.D.,

Commissioner of Health of New York City and State,  
President of the Board of Pharmacy of the City  
and County of New York.

The term "substitution," in its commercial sense, is the perpetuation of a fraud by the seller upon the buyer, the former selling the latter something different from the article demanded, under the same name. This fraud is really but another

phase of commercial adulteration, and in the practice of pharmacy its evils are as insidious and harmful as those of any crime committed by man. These evils are both direct and remote in their effects. They injure, first, the patient; second, the physician; third, the manufacturer. From the standpoint of the patient, the evil affects him directly and indirectly. The dishonest pharmacist has, of course, palmed off on his unsuspecting customer a cheaper preparation than that ordered by the prescriber, because the motive for the crime is, in ninety-nine cases out of a hundred, a mercenary one. The result to the patient from the inhibition of the substituted article may be one of the following: first, no therapeutic action; second, therapeutic action of less potency; third, therapeutic action of greater potency; fourth, therapeutic action of different character than aimed at by the prescriber. It needs no argument to prove that any of these four results would, under certain conditions, be likely to be disastrous to the patient.

The pharmacist is the responsible and trusted dispenser of the physician's order, and when he acts differently than ordered by the doctor, he snips at the threads of fate, possibly without the slightest idea of what will result from the snipping. Then he is no better than the man who fires a bullet among a crowd of people. The result in either case may be manslaughter. Let us take a less extreme view of the crime from the patient's standpoint. The latter fails to get benefit from his medicine, and, as a result, loses time and money. He was cheated when he bought the preparation. Now, indirectly, he has lost the fee he paid the physician, and last, but not least, he has lost confidence in his doctor.

From the standpoint of the physician, the evils of substitution have a wider range in their effect than on the individual patient. Medicine has been said to be an inexact science. The reason of this is because it is very difficult to ascribe a given effect to a certain cause. In other words, so many causes operate to produce a given effect in the human economy that it is difficult to ascertain and fix upon a definite cause. Modern therapeutics is the outcome of the physician's observations and experience of the effect of drugs upon the human system. It is a science to which every physician



contributes his mite or his much, according to his ability and his opportunity.

The pharmacist who substitutes, leads physicians astray. By presenting false premises to the latter, the former causes him to make erroneous deductions. The entire medical profession may thus feel the result of a single instance of substitution, and numerous other invalids suffer on account of the errors following faulty experience in the case of the physician treating a single patient who is the victim of the fraud in question.

I have already spoken of the loss of confidence in his physician on the part of the victimized patient. This has not only a direct effect upon the invalid, because confidence in his doctor's efforts are, to a great extent, essential to the latter's success in the treatment of the case, but it may also cause the dismissal of the physician and his loss of what, perhaps, would have been a lucrative practice. In this country, physicians have the reputation of being practical. They are the best practitioners in the world. In other countries, medical men are deeper students and better theorists, but here, we pride ourselves on the results we obtain in curing disease. The reason for this is because we strive less for honour and glory than we do for the almighty dollar. We must give our patients the worth of their money, and we know that we will not be tolerated unless we do. Our patients are quick to discover mistakes, and they are laid at the door of the physician rather than at that of the pharmacist. If this was not the case, the subject of substitution would not be worth consideration, for it would be a rarely committed crime.

The question of injury to the manufacturer is a very important phase of the matter, for, rather singularly, the remedy for the great evil must spring mainly from this source. This is not so strange after all, when we come to think of it, for here we find the effects of the evils of substitution so direct and so distinctly felt that interest is natural. Nothing causes men more concern than pecuniary loss. Cause and effect are here so closely associated that a hue and cry at once follows. The manufacturer invests large sums in producing a reliable preparation; he spends more in bringing it before the medical profession. The latter find it worthy of use, and patronize it until the weeds of substitution check its growth. The

way these weeds act after what I have said, is obvious. For example, some pharmacist substitutes an inferior mixture or drug in the preparation of the physician's prescription; the effect of the medicine on his patient is nil. The disappointed doctor heralds the fact to his brethren. Such news travels faster than any favourable comments, and undoes in a short time that which the manufacturer has taken months or perhaps years to accomplish. Great injury is in consequence done to a deserving business.

Then, again, the evil is a widespread one, and the same substitution in a good preparation is very large, and directly affects its sale. I know of no other crime that tends so much to destroy one's faith in man's goodness as substitution. For the sake of insignificant profit, the dishonest pharmacist deliberately cheats and perhaps destroys his fellowman. I can only account for the practice by assuming that the perpetrator in some way persuades himself that he is doing no harm, that he is selling something "just as good," that he holds the judgment and knowledge of the physician in small repute, and that he feels perfectly competent to act in the premises. It is a curious psychological fact that it is the easiest thing in the world for a man engaged in a nefarious trade to persuade himself that he is doing no harm so long as he is making money by his acts.

To correct the practice of substitution does not seem to me a difficult matter. A few years ago the adulteration of food products was a very serious fraud. Confectionery, for example, was greatly adulterated at that time. The exposure of the practice by the Health Department of New York City so injured the confectionery business that the reputable manufacturers banded together in an Anti-Adulteration League. Not only did the Health Department cause the formation of the league in the way I have described, but the unfair competition engendered by adulteration also had its effect in forcing honest manufacturers to protect themselves. The league made it its business to run down and punish all persons who adulterated their wares. The result was that in a short time adulteration ceased, and to-day it is impossible to find any adulterated candy offered for sale. Another instance of manufacturers banding together for mutual protection is offered by the



Jewellers' Protective Association. This body pursues like an avenging Nemesis anyone who robs or cheats its members. Let the manufacturers of pharmaceutical preparations who suffer from the evils of substitution, form a like union, and charge its agents with the duty of bringing to justice the perpetrators of the fraud of substitution. The Penal Code and the Pharmacy Act both afford excellent laws for the punishment of these criminals. The Board of Pharmacy is not sufficiently equipped to enforce the provisions of the law to this end, and the Health Department is too busily engaged in fighting disease to cope with the evil. The formation of such a union as I have indicated, however, and the punishment of a few offenders would soon stop the practice. The mere publication of a few instances of fraud, giving the names and addresses of the dishonest pharmacists, would go far towards suppressing substitution, for the public is quick to discover and shun the druggist who is considered unreliable and unscrupulous.

---

### Meetings of Medical Societies.

---

#### LONDON MEDICAL SOCIETY.

The meeting of this society was held in the Medical College on Monday evening, 13th Nov. the President, Dr. Hodge, in the chair.

Dr. Arnott read a paper on

#### URÆMIA.

I shall not discuss the various theories regarding this condition. For whether the active poison be urea or ammonia, or a combination of poisons, or whether the symptoms be due to œdema of the brain, we believe that the original cause is insufficient elimination by the kidneys.

Our ideas of uræmia are mostly associated with convulsions and coma, yet these are only a small number of the symptoms produced, and I shall proceed to review and illustrate from cases in my practice some of the commonest of these. In the selection of these cases I shall endeavour to convey some practical lessons.

Uræmic convulsions sometimes occur with such terrible suddenness as to take us completely by surprise. Many examples of this will occur to

your minds, but I shall beg your attention to one. W.D., aged about forty-five, a very hard drinker, mostly of whiskey. He had been ploughing all day, and returned to the house after putting away his horses. At tea he complained of not feeling well. In a few minutes he was in convulsions, from which he only regained consciousness once or twice, and in six hours from the time he was first taken he was dead. Urine drawn from the bladder was loaded with albumen.

There is no relation between the amount of albumen and the frequency of convulsions. I remember one lady who had convulsions with only a small quantity of albumen, and yet a year or more afterwards, when her urine was frequently seventy-five per cent. of albumen, her principal symptom was an intense headache. This I account for by the different degree of sensibility of the nervous system.

There is considerable danger that uræmic convulsions may be mistaken for epilepsy. To you that may seem impossible, yet I have seen a half dozen of the best men in this country make that very mistake. In that case when the urine was examined, the specific gravity proved to be only 1.008. We cannot be too careful to examine the urine of persons who have become subject to epileptic seizures in advanced life.

Uræmic coma may be mistaken for hæmorrhage of the brain or embolism. Generally a careful examination will reveal hemiplegia; but cases occur in which, owing to the profound stupor, a diagnosis cannot be made with certainty. If the urine drawn from the bladder be found to have a very low specific gravity, or to be loaded with albumen, it assists the diagnosis to a certain extent.

After scarlatina uræmic coma may creep on so insidiously as not to attract attention until it is profound. I saw a case, in consultation, which the doctor, on the way, assured me was doing splendidly, as he had left him sleeping a few hours before. When we arrived at the house he was sleeping—so soundly that we could not wake him till we had given him an enema and got him into a profuse perspiration.

We are not in much danger of forgetting uræmia in cases characterized by coma or convulsions, but in some of its minor manifestations I am afraid we all at times pass it over.

Mr. B. called at my office complaining only of headache and weakness. As he told me I was the ninth doctor whom he consulted I made a thorough investigation of his case. His urine had a few granular and hyaline casts, and the specific gravity rarely ever went up to 1.010. This, together with some other confirmatory symptoms induced me to treat him for uræmic poisoning, and although he did not get well, and in about a year afterwards died, yet I gained some warm friends. I have passed over several cases in which I afterwards discovered my error, but how many I passed over without finding out, I know not.

An old lady had been suffering from extreme nausea for some time. Her pulse and temperature were normal. She rarely vomited, but had frequent retchings. Her urine was found to be albuminous, and appropriate treatment gave immediate relief.

W.A., aged 56, had for years been subject to attacks of vomiting and purging, with severe headache. These attacks occurred about every three or six weeks. In the interval he would appear quite well. During all these years the physician treated him for bilious attacks, without ever examining his urine. He had cirrhosis of the kidneys, of which he died about a year after I saw him.

Another form of this trouble is chronic diarrhœa. An old lady over seventy years of age was subject to chronic diarrhœa, for which she had consulted many physicians. She said that all those she had consulted had checked the diarrhœa to a certain extent, but that she always felt worse when it was stopped. I agreed to send her medicine by stage. By the same messenger I was sending a gonorrhœa mixture to the old lady's son. The mixture became changed. The old lady took the gonorrhœa mixture, and was cured of her diarrhœa, while the son declared that that last bottle hadn't done him a bit of good.

A somewhat similar case occurred in an old lady aged seventy-eight. Her daughter consulted me about her mother being troubled with chronic diarrhœa, for which they could get no relief. I was struck by a remark which she made that her mother felt very ill when her bowels did not move freely. I prescribed a saline cathartic in small doses, and asked her to send me a sample of the

urine next day which she did. It was more than half albumen. The old lady got great relief from the saline, and lived for nearly two years when she died, of what complaint I do not know.

Cases of acute mania, due to uræmic poisoning, are reported, but I have never seen one. It has been mistaken for typhoid fever—indeed I now suspect that I committed that mistake myself in a case I saw in consultation, which makes it the less excusable.

The diagnosis cannot be made with certainty without an examination of the urine. Two classes of cases occur: one with high specific gravity and much albumen, the other with little or no albumen, and very low specific gravity. If care is taken to eliminate sugar and albumen, the specific gravity may be taken as a fair indication of the general amount of solids being excreted, and of the condition of the kidney.

But in the presence of albumen the quantity may be fair and specific gravity high, and yet your patient go into convulsions. In such cases if the albumen be eliminated, the specific gravity will be found to be very low. This would seem to show that it is not the secretion of albumen, but the retention of other excrementitious substances which produces the convulsions.

When the diseased condition of kidney has come on gradually, it is extraordinary how little solids may be excreted by the kidneys and the patient live. In one case coming under my notice, the amount of urea excreted was less than one-eighth of the normal, and in a case in the charge of Dr. Hodge, I am quite sure the quantity is much less than that. In such cases the urea has found new channels of exit through other organs. The four great channels of elimination are (1) kidneys, (2) alimentary canal, (3) skin and (4) lungs. If the change in the kidneys comes suddenly, the poisons thrown on the system do not readily find egress through the other organs, and produce serious symptoms. But if the change comes gradually the other organs increase their powers of elimination, and life goes on with a certain amount of disturbance.

The question will occur to the mind of everyone, is it necessary to examine, as a matter of routine, the urine of every patient? Not by any means. A careful study of the pulse and of the

heart sounds will almost always give warning by the high tension in the vessels. Of course this high tension may be from some other fault of elimination, but you would require to find that out anyway, so you have not lost your labour.

The treatment may be summed up in a few words—stimulation of the supplementary organs, and regulation of diet.

In convulsive seizures this requires time, and the use of chloroform or a hypodermic of morphia may be required to blunt the sensibility of the nervous system while this is being carried out. But a convulsion or two, although terrible to behold, does not often do any harm, and I generally prefer not to add another to the many poisons with which the system is loaded.

Of remedies I prefer the salines that have a double action on both bowels and kidneys. First in importance I place sulphate of magnesia, next bitartrate of potash, and to them may often be added digitalis with advantage.

A large enema is often of service before other remedies can be got to act. I do not very clearly understand how it can be so efficacious, but that it is so I think there is no doubt.

I look upon free diuresis by steam bath as of as much or more importance than any other single remedy. I do not often find it necessary to resort to pilocarpine.

In discussing the paper, Dr. MACDONALD considered the minor symptoms, as headache and vomiting, of great importance. By noting these and applying appropriate treatment the graver effects might be obviated.

Dr. BACKUS, in reference to the amount of albumen, advocated the necessity of frequently testing the urine. Many cases with a large proportion of albumen live for years with little or no inconvenience. Salines he considered the best to assist elimination and lower blood pressure. Pilocarpine had been of invaluable service in his hands.

Dr. MACLAREN cited a recent case. A woman, five months pregnant, complained of vomiting and headache. The urine contained three-fourths albumen. Salines and diaphoretics were employed with relief. He had used jaborandi but scarcely ever pilocarpine.

Dr. DRAKE mentioned the utility of venesection in certain classes of cases.

Dr. GARDINER said uræmia showed itself in so many forms that one could not be too careful. One case recently complained of shortness of breath. There was marked dilatation of the heart, much albumen and a specific gravity of the urine of 1008 to 1010. Another case to which he was called he found the woman in a half comatose condition. He made a diagnosis of cerebral lesion but was not satisfied. An examination of the urine revealed much albumen. He tried all varieties of remedies but the case gradually sank and died. In the treatment of convulsions, morphia had been of especial service, especially those cases in connection with pregnancy.

Dr. CAMPBELL believed uræmia was more common than was supposed. He advocated the examination of the urine in all suspected cases.

Dr. ECCLES urged the examination of the urine. We do not know without question what is the morbid product or products which produce uræmia. The consensus of opinion is that it is due to impaired elimination of the nitrogenous waste, but it in all probability also includes the salts (chlorides) as well.

In the uræmia of pregnancy, if the fœtus die we notice a diminution of the uræmic symptoms and of the albumen, because then there is an immediate drop in the amount of nitrogenous waste to be eliminated. The storm is averted by the death of the fœtus *in utero*.

The treatment has reference to the diet and clothing as well as the medicines to be used. If there is impaired elimination of nitrogenous waste and salts, it is but natural to limit or absolutely cut off all foods which contain these in large quantities, such as flesh and blood, and all find milk and milk foods in nearly all cases are the best.

The clothing should be of flannel next the skin, and an effort should be made to keep the skin active by thus keeping the body warm by woollens which are poor conductors of heat.

All the compensatory organs require stimulation and free purgation is often of great benefit.

Pilocarpine has given me good satisfaction during attacks of renal asthma and often symptoms indicating a near approach of uræmic explosions. I have given it hypodermically in doses of a half grain.

Dr. HODGE expressed himself as pleased with the practical nature of the paper.



He had lately had a young man under his care who passed small quantities of highly albuminous urine, and who presented the following symptoms of uræmia: severe localized pain in the head and sleeplessness. The patient was put to bed and ordered steam baths, pilocarpine hypodermically, magnesia sulph. in concentrated solution, and milk diet. Prompt relief followed.

He had also another patient, aged 76 years, who passed daily 70 oz. of urine of very low specific gravity (1.003) with very little albumen, and in whom the chief symptoms were vomiting, hic-cough and muscular soreness.

Dr. ARNOTT in replying, thanked the Society for the kindly manner in which his paper had been received.

He had forgotten to mention hiccough and the character of the headache (occipital and vertical).

He was prejudiced against venesection from the results of some cases in which it was tried.

The quantity of the urine must be taken into consideration in connection with the specific gravity.

He argued with Dr. ECCLES in regard to the death of the foetus lessening the amount of albumen and uræmic symptoms.

Dr. WILLIAMS reported a case of gunshot wound. (See "Original Communications," page 161.)

Dr. HUTCHINSON was surprised at the length of time the case had lived after the reception of such a severe injury. He saw no good in a laparotomy.

Dr. MEEK had had no experience with gunshot wounds of the abdomen, but he considered an exploratory incision would in no way increase the risks if there were symptoms justifying it.

Dr. ECCLES could account for the late appearance of the blood in the urine (3rd day) only by the presence of ureteral clots. In cases in which he had incised the kidney or stripped up the capsule, blood had appeared in the urine at the first voidance.

Dr. MACLAREN thought possibly blood might have been detected earlier by the use of the microscope.

Dr. MEEK asked if it were possible for suppression of urine in one kidney to be the result of shock acting on that kidney?

Dr. WISHART considered the course pursued was the proper one. One thing peculiar when the

chest was opened the lung did not collapse as is usually stated by authors. Regarding laparotomy in these cases, it was not usually an easy matter to find bullet wounds of the intestine or other organs.

Dr. WILLIAMS in reply stated to Dr. ECCLES: That at the *post mortem* examination he found no clots sufficient to cause an obstruction to the flow of urine towards the ureter, though such a condition may have been present nearer the bladder; that he rather concurred with Dr. MEEK regarding a temporary suppression from the severe injury by the ball, aided perhaps by the hypodermics of morphia given within the first twelve hours or so. An exploratory incision would in all probability have verified perforation of the gut after a hunting expedition over the intestines, but the kidney was then known to be wounded, as hæmaturia was present, to say nothing of the diaphragm, pleura, lung and peritoneum.

To Dr. MACLAREN—That there certainly would have been albumen and red blood cells if the urine had been examined the first night, but the knowledge derived from such a small change would not be sufficient to diagnose injury to the kidney substance by the bullet, as such a condition is sometimes associated with bodily exertion or mental emotion.

To Dr. WISHART—That an opening into the pleural cavity (experiments on dogs) as large as the trachea is said to cause collapse of the lung, but in this case none occurred.

Perhaps the opening into pulmonary tissue had something to do with it, and perhaps the lung in man does not collapse under the same conditions.

---

## Correspondence.

---

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

---

## PROFESSIONAL TAX.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—Your able and very lucid exposition of my last letter leaves but little or nothing further to be said on that part of the subject. The cleverness, rising to the measure of genius, with which you turn the searchlight of intellect and subtle criticism on my poor communication, so as to illuminate the more obscure parts of it, and bring

out meanings and expressions, which even I myself had not previously discovered or thought of, has certainly never been surpassed, or, perhaps, equalled, unless by yourself on some former occasion. Where the whole forms a journalistic gem, probably without a parallel in English literature, it is, perhaps, invidious to single out the sixth paragraph for special commendation. Here the word "pulled" would, perhaps, have been more explicit than the word "laid" in the sixth line. With this slight exception, the diction is all as correct as the facts are all askew, while the really difficult feat achieved, you allege, by the Council and the Minister of Education and Mr. Seath, of increasing the stringency of the matriculation examination by "pulling down" the percentage of marks exacted, must challenge the wonder of all the educationalists of the Province. Possibly, what you intended to say is that the examination papers are being made more difficult to compensate for the lower percentage required; but every High School Master in the country will tell you that this, in point of fact, is not the case. In my September letter, I expressed my fear that the Council "organ" was out of kelter or not in tune, and suggested its reconstruction. It seemed to me that if you desired to elicit from it really grand journalistic symphonies which should touch the heart of the profession, and convince the recalcitrant and subdue the rebellious and restore harmony to all, it would be wise to put more soul and intellect and a finer touch on the music stool. You have convinced me that I was wrong. The lack was not of heart and brain, but of muscle—not of inspiration in front of the instrument, but of expiration behind it—not of artistic skill and knowledge at the finger-board, but of brawn at the bellows. Evidently, the only proper and truly effective way to play a Council "organ" is to double the force at the lever, while the organist sits on the keys, and invokes *Ventus* by whistling "Blow, breezes, blow."

The Medical Council, in its published pamphlet, admits that it was created by the medical schools for the purpose of controlling admission into the profession, so as to secure to themselves a monopoly of the medical education of the Province, and that our twelve territorial representatives were taken into it, by the schools, not in the interests of the profession, but simply to serve as

a balance of power between the rival educational bodies. While testifying to the correctness of this account of its inception and design, my last letter proceeded to show that the Council still remains so far loyal to its original purpose, as to guard the privileges and immunities of the schools much more strictly than those of the profession—that it cares for and protects the profession only to the extent permitted by its more exigent fealty to the schools—and that where the interests of the two constituencies conflict, as, for example, in the determination of the matriculation standard, the requirements of the medical electorate are always subordinated to those of the educational bodies. As a profession, then, though confessedly in some degree protected by the Council, and therefore greatly concerned in its continuance, we are manifestly less stringently protected by it, and less vitally concerned in its continuance than the schools are, and consequently our moral obligation to contribute towards its maintenance is less imperative than theirs. For twelve representatives, not always loyal to its behests, the medical electorate is required to pay annually into the Council treasury some \$4,800, or \$400 for each. The schools appoint nine representatives. Do they also pay annually \$400 for each? Do they pay annually, or do they propose to pay, directly or indirectly, separately or conjointly, four hundred cents, or even one cent for all the fostering care extended to them by the Council? Emphatically, no!—they would scout the idea. Can you, then, fail to see the flagrant injustice involved in taxing the profession for the support of the Council, and letting the schools go scot-free? Do you not perceive that it was an unwise thing—because it was an unfair and an ungenerous thing—for the educational bodies to become parties to the Act of 1874, or to any scheme permitting an annual assessment to be imposed on the medical electorate without insisting that they themselves should be annually mulcted in an equal sum? And if a mere attitude, on their part, of simple passive acquiescence in an act of such palpable injustice would have been indefensible, does not the indisputable fact that the scheme was inspired by them, and actively promoted by them, render it execrable, and swell the wrong to the dimensions of an outrage? Can we wonder that thoughtful and self-respecting men



learned to look upon the tax as odious, as soon as they perceived the injustice involved in its authorization and assessment, and that more than half the profession refused to pay it, or paid it only on compulsion and under protest? And do you, Sir, even dream that, after it has become fully apprised of all the facts of the case, the profession of this province will fail to pledge every territorial representative, returned at the approaching elections, to resist the reinstitution of the tax, unless the educational bodies agree, or are compelled, to pay their just proportion towards the expenses of the Council?

In answer to all this, what have the educational bodies and their friends to say? Simply that the schools send the students to the Council, and that the fees paid to the Council for its examinations really belong to the universities, and are to be regarded as their contribution towards the Council's support. Could any pretence well be more utterly puerile and absurd? Every medical student pays his university nearly \$400 as sessional fees for the teaching he receives. He also pays it a fee for his matriculation examination at entrance, an annual fee for registration while in attendance, and a fee for each professional examination he undergoes, including that for graduation at the close. Having paid, to the last cent, all these dues and exactions, and severed his connection with the university, surely his pecuniary obligations to it cease, and any money he thenceforth pays to other Canadian or foreign institutions for extra examinations and additional titles, is free from even the shadow of a claim, legal or moral, on the part of his *Alma Mater*! "Oh, no," in effect, say the universities, "such money really belongs to us, although we do not care to claim it. We caught the raw material, and fashioned it into a doctor, and if, after leaving us, he writes for twenty other diplomas, the fees exacted for such examinations are ours, and not being paid over to us, are to be regarded as so many contributions made by us to the treasures of the institutions before which he appears. To argue otherwise would be as preposterous as to claim that if a sculptor finds a rough block of marble which he transforms into a thing of beauty, and sells for a small fortune, his proprietary rights in it terminate with the sale and receipt of the price in full, and that he is not

"entitled to such sums of money as may subsequently accrue from its public exhibition." It is scarcely necessary to treat this farrago of nonsense seriously, but I may remind you and all concerned, that prior to 1869, when the Ontario Medical Act came into force, the professional examinations of medical schools and of universities were conducted exclusively by their own teachers without extra fee, and that no payment for such examinations was exacted from students, or expected. Furthermore, it is only of late years, and since the establishment of the Council, that the educational bodies in question have learned to impose fees upon their students for professional examinations, and these fees are now rigorously collected by the universities in, I believe, every case. So much for the pretence that the educational bodies gave up to the Council, at its formation, a source of revenue which they had previously enjoyed. If, on the other hand, we are seriously asked to admit that the universities contribute to the funds of the Council, because they teach the men who present themselves for its examinations, then not only must we also admit that they, in like manner, contribute to the funds of all the American and British and foreign institutions from which their graduates and undergraduates seek to obtain degrees or diplomas; but we must equally admit that McGill and other outside institutions measurably contribute to the funds of the Council, because they also, to some degree, teach the men who present themselves for its examinations; and that our Public and High Schools contribute to the funds of the Council, because they also teach the men who present themselves for its examinations; and further—that the farmers of the Province contribute to the funds of the Council, because they fatten the beef, and hoe the potatoes, and harvest the wheat, which, by physical, in place of mental, assimilation, are converted into the men who present themselves for its examinations.

I am sure, Sir, you must, at heart, agree with me that to set forth puerilities, such as these and other really absurd contentions of the universities, in the expectation that an educated body of men like the medical electorate, will accept them as arguments at their face value, or, indeed, at any value whatever, is the very reverse of complimentary to the intelligence and discernment of the profession.



Practitioners who happen to be teachers in medical schools are, in common with other members of the profession, assessed, and, possibly, they pay their tax, but they do it in their individual, not in their corporate capacity. As institutions, the universities and schools do not in this, or in any other way, directly or indirectly, pay anything towards the maintenance of the Council. Harnessed with the profession in an unequal team, they have been content to appropriate most of the fodder, and to shift their share of the load upon their less self-assertive and more patient yoke-mate. They have grown plump, and are yearly waxing fatter, if not at the expense of the profession, certainly to its great detriment. It is not even a fact that the schools send the men to the Council for examination. The very reverse is the case—it is the Council that sends the men to the schools for preparation. In their favour, it has practically closed the Province of Ontario against the world, in the matter of medical education. One of our medical school deans, in a document lately addressed to the Government, claims that under the system of provincial policy so rigidly enforced by the Medical Council, his particular medical faculty alone has three hundred inchoate doctors on the way to completion. Three hundred medical students at \$100 each for the session, give that one school an annual income of \$30,000. Doubtless each of the three other universities will admit that it has as large an attendance and as many dollars. Surely, wealthy institutions, whose magnificent emoluments would so largely vanish but for the fostering care of the Council, can each afford, if necessary, to pay \$300 or \$400 annually towards the support of this beneficent outcome of their own creative ingenuity. They are quick in the assertion of their rights—real or fictitious—why so tardy in the recognition of their obvious duties? In the persons of their respective presidents and provosts, they interposed themselves between the profession and the legislature, last spring, in a strenuous though vain effort to assist the Council to frustrate the wishes of the electorate. I submit to President Loudon and to Rev. Provost Boddy, and to the several university senates, whether, when it is looked into, there does not appear to be something pitifully small in the action, as well as in the want of action, of their respective establish-

ments, in this matter. To zealously claim the privileges pertaining to a position, while ignoring its moral obligations, and systematically evading the pecuniary duties attached to it, is, perhaps, no more than might have been expected from petty money-making corporations such as mere medical schools; but when our great universities—which are almost national in character—are found stooping to the same level, one is surprised indeed.

A body constituted, as the Medical Council is, with dual relations, clearly may not impose a tax, or even seek power to impose a tax, as if it were homogeneous and purely elective, like the executives of other professions. If it seeks power to assess both constituencies, such power can only be righteously conferred on it, conditional to the assessment being equitably adjusted between the two; and if only to levy an impost on one, legal authorization can only be properly given or sought for with the explicit and unanimous consent of that electoral element. I am prepared to show, and in due time I will show, that neither the universal nor general consent of the profession was ever obtained or honestly sought after. I attempted at the time to voice the feeling of hundreds of my fellow-practitioners by exclaiming against the injustice which had been perpetrated, and by declaring, both privately and publicly, that I never would, except on compulsion, and under protest, pay the so-called annual fee. Now, Sir, I hope to completely enlighten you before I finish this discussion, but probably you can already dimly perceive one reason why—to answer your question—“the tax is not paid.” Unless it be levied with the universal concurrence of the electorate, such an impost is justified, and becomes a debt of conscience to the individual members of the profession, only when it is assessed impartially. However strictly an assessment, which violates this fundamental principle, may have the sanction of law, the higher and holier sanction of equity warrants its repudiation by all concerned. A man may not palter with his conscience and self-respect by paying an unjust tax, because the amount of money demanded is insignificant, or because it is easier to submit and pay, than to stiffen the spine and refuse. If the only alternative presented be, to conform to an iniquitous statutory enactment, or, by its determined resistance,

to vindicate the majesty of RIGHT, then neither robust manhood nor stalwart good-citizenship can, for a moment, hesitate which course to pursue.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Nov. 30th, 1893.

# SOME NOTES ON THE MEDICAL PROFESSION IN THE STATE OF NEW YORK, COMPARED WITH ONTARIO.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

SIR,—New York, the "Empire State," undoubtedly leads in all the professions and markedly so in medicine, both in a long line of distinguished men, advances made in the several branches of medicine, and the soundness of her medical laws.

To compare one of the oldest of the States with this province certainly does not do us justice. New York could boast of considerable importance more than a hundred years ago, when Ontario was practically a *terra incognita*; so if she has a longer list of savants, with larger and costlier medical institutions, it is due to its greater age and does not indicate that evolution in medicine has been more rapid there than here, but that it has gone on to a greater extent.

In many respects we are in advance of New York and likewise in advance of every State in the Union: most notably in our laws. We dwellers in Ontario, both professional and lay, have reason to be thankful for our good statutes, which aim at uplifting the student on the one hand, and suppressing the quack on the other, and well they guard both ends of the line.

In no State are the standards of matriculation and graduation as high as here. Not one of them demands more than a three years' course, while some are satisfied with two and some even with less. Massachusetts, the second oldest State in the Union, gets along with no restrictions on the practice of medicine, no medical law whatever. She likes to know that her pharmacists have sufficient knowledge to dispense the physician's prescriptions, that her cabmen and draymen are reliable, and that the very peddlers are all that could be desired, and restricts them all by license, but the doctors,—ah, they come and go as they

please without leave from the great common-wealth.

The State in consequence is a perfect paradise for quacks; butchers, bakers or cobblers, anyone who may have failed at his own business can practise medicine in cultured Boston. True, he may adorn the gallows some day if murder can be proved against him, but the game is worth the candle.

Prior to the year 1891 the college diploma, obtained after two or three years' study, was sufficient license to practise in New York, but the laws of that year put medical education on a much sounder basis. A three years' course is now demanded, that is, actual attendance on three full courses of lectures comprising all the essential branches; or two full courses of lectures with three years' actual study with a practising physician.

This law gives the State Board of Regents full licensing power, which is exercised after this manner: The State associations of each of the three schools, the regular, the homœopathic and the eclectic, name fourteen or more nominees from whom the Board of Regents choose seven for each school to be committees for examination purposes. Each committee submit to the Regents a list of questions according to their particular tenets, and from these a suitable number are chosen for the examination; the same standard of excellence, as near as possible, is observed throughout.

The Committee mark the answers and give the results to the Board of Regents who issue the licenses. An entrance examination is required but the Regents hold only the final, for which a fee of \$25 is charged. Practitioners are compelled to register their names in the county in which they practise.

It is unnecessary to compare our own excellent regulations with these laws. The five years' graded course demanded by the Council is, I think, none too much in which to get a good foundation for practice. It undoubtedly seems a hardship to the students but they will learn to thank their far-seeing task-masters.

The medical schools of New York State rebound materially to her credit. They represent immense wealth and most of them are thoroughly and elegantly equipped. To comply with the State law they all require a three years' course of study,

and the College of Physicians and Surgeons of New York announce that after 1894 they will institute a four years' course, the first in the State to take the step, I believe.

The cost of instruction in the larger New York city colleges is considerably higher than in ours; for instance, a three years' course at Bellevue costs for tuition and examinations, \$525, without extras of any kind, and at the Physicians and Surgeons of New York, a three years' course costs \$635. The living expenses in New York are also much higher than in any of our cities. Both the fees and living expenses in the smaller cities and colleges throughout the State more nearly approximate ours.

We are proud of our Ontario schools and with perfect right, too. It is no idle boast that a student can be as well equipped in Toronto as anywhere in America. The college courses, controlled as they are by the Council's requirements, are longer and probably fuller than in the American colleges.

We must, however, acknowledge their better facilities for post-graduate work, which is mainly due to their numerous dispensaries and hospitals, and the consequent large amount of clinical material available. EDWIN R. BISHOP, M.D.

#### LODGE PRACTICE AND CONTRACT WORK.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

DEAR SIR,—The question of "lodge practice" has at various times been discussed by the medical men of this province, both in their different associations and in the medical and public press, but so far nothing definite has been done towards eradicating the evil. Some have thought that the Legislature should enact a statute making it illegal; others have considered that the Ontario Medical Council is the proper body to deal with it, while at least one registered practitioner has sought to make it appear that it is a perfectly proper and, indeed, praiseworthy practice. The arguments of the latter, however, if arguments they can be called, may be passed over as decidedly lame, and we may conclude that medical men are practically unanimous in the opinion that the contract system is an evil that should not exist.

The doctors of the town of Trenton, believing

that the remedy lies entirely in our hands, and that if we are only in earnest and agreed, we can wipe out this evil completely, have determined to have nothing more to do with lodge practice, and accordingly, on October 27th, the following gentlemen met to discuss various matters of mutual interest: Drs. A. R. Macdonald, J. B. Moran, T. J. Moher, Geo. Acheson, Jas. Third and J. A. Stevenson.

Dr. Macdonald was elected Chairman, and Dr. Acheson, Secretary of the meeting.

After considerable discussion, the following resolution was moved by Dr. Stevenson, seconded by Dr. Moher, and unanimously carried:

"We, the undersigned physicians, residing and practising in the town of Trenton, Ont., do hereby pledge our honour not to enter into any contract with any society, club, lodge, company or corporation to give medical attendance, advice or medicine to the members thereof for any stated period at a fixed rate per member, or for a lump sum per annum, or to do what is commonly known as "lodge doctoring," or to give our professional services to such on any other terms than to the general public; providing, that this resolution does not affect existing contracts terminating at the end of the current year.

(Signed) \_\_\_\_\_

At a subsequent meeting Drs. J. T. McKenzie and H. H. Hawley were also present, and expressed their entire approval of the above resolution.

Under date of Nov. 1st, this agreement was signed as follows:

A. R. MACDONALD, A.B., M.D.  
JOHN A. STEVENSON, M.D.  
J. B. MORAN, M.D.  
J. T. MCKENZIE, M.D.  
THOS. J. MOHER, M.D.  
GEO. ACHESON, M.A., M.B.  
H. H. HAWLEY, M.D., M.R.C.S.

It will be seen that the name of one of those present at the first meeting is wanting on this list. This individual, although at first having expressed distinctly his entire accord with the rest, has since seen fit to withdraw his adherence, and refused to endorse the resolution. His reasons are, doubtless, satisfactory to himself.



We have thus applied ourselves practically to a solution of the difficulty, and we hope to see our confreres elsewhere take the same stand. Our professional knowledge and experience is our stock-in-trade, and represents a considerable amount of capital invested, for which we have a right to expect a fair return, and we are fools if we dole it out for next to nothing. In works of charity of the true unostentatious sort, as a profession, we rank second to none, but we claim our right to honest pay for honest service. It is a curious thing that ours is the only profession that the lodges deal with in this way; but it takes two to make a bargain, and we have ourselves to blame for the existing state of affairs.

In connection with the above resolution it was also agreed that we would not, in future, make examinations for life insurance in any of the companies or fraternal societies for a fee of less than two dollars.

I have been requested, as secretary of the meeting, to make this communication to your journal.

Yours, etc.,

GEO. ACHESON.

Trenton, Nov. 21st, 1893.

---

## Annual Meetings.

---

### ANNUAL TRINITY DINNER.

This annual dinner took place at the Rossin House on the evening of December 1st, and was successfully managed by a committee composed of the following gentlemen: Chairman, G. H. Field; First Vice, L. H. Marks; Second Vice, J. H. McConnell; Third Vice, C. E. Tweedie; Toaster, A. McKay; Secretary, John Routledge; Committee: C. A. Jones, T. A. Manes, R. W. Shaw, W. H. Weir, J. B. Thomson, H. C. Walker and F. C. Sewell.

Around Chairman Field were gathered many eminent men. On his right sat Dean Geikie, on his left Chancellor Allan, while Dr. J. G. Bourinot, Prof. Kirkland, Messrs. Barlow Cumberland, E. Coatsworth, M.P., Joseph Tait, M.P.P., Walter S. Lee, and many medical men also occupied seats at the head of the main table.

#### THE TOASTS.

Mr. Field proposed "The Queen and the House of Commons" in a neat speech, and Messrs. Coatsworth and Tait replied.

Mr. Marks proposed, and Dean Geikie replied, "Trinity Medical College." After giving a general resume of the affairs and success of the School, he laid down his position on the question of Government aid to schools. "Giving aid to one alone was a great unfairness, and if justice were done, this should either be dropped and let all stand alone on their merits, or all given aid. This proposition, of course, was manifestly impossible." His remarks were borne up by the following speakers.

"Faculty and Graduates" was responded to with neat speeches from Drs. Temple, Harris, Brennan, Millman, Garratt and McKay. "Affiliated Universities" were spoken for by Chancellor Allan and Barlow Cumberland.

Dr. J. G. Bourinot, in a neat and witty speech, spoke in response to the toast of "The Learned Professions," mentioning the fact that there were thirty physicians in the House of Commons, all distinguished men.

Messrs. Troop, of Trinity; McLaughlin, of McGill; Sinclair, Toronto, and Stephenson, of Queen's, spoke for "Sister Institutions." Mr. McKay chaffed the "Undergraduates." Dr. McConnell and Dr. O'Reilly responded to "Toronto General Hospital." Drs. Johnson, Orr and Harris, of Brantford, spoke for the "Medical Council." Dr. Harris, in a very able address, discussed the relationship of the Medical Council to the profession. He showed plainly the object of the existence of this body to be for the protection of the public and medical men almost entirely, and that the Council did not exist for the benefit of the schools. He congratulated the School on its success in the past, and predicted a strong and brilliant future for it.

The menu cards and musical features were first-class, and the affair was a great success.

---

### THE ANNUAL DINNER OF THE STUDENTS IN THE FACULTY OF MEDICINE OF TORONTO UNIVERSITY.

"It is a true sublimity to dwell here."

The following is a list of the officers upon whom devolved the duty of making all arrangements for the occasion: Hon. President, Dr. I. H. Cameron; President, Mr. W. H. Alexander, 4th year; 1st Vice-President, Mr. J. Sheahan, 3rd year; 2nd

Vice-President, Mr. E. L. Roberts, 2nd year; Hon. Secretary, Mr. Frank W. Smith, 4th year; Committee: 4th year, Messrs. B. A. Campbell and D. J. Armour, B.A.; 3rd year, Messrs. G. Simpson, J. S. Sloan and H. W. Miller; 2nd year, Messrs. H. H. Ross, R. H. Somers and J. H. Miller; 1st year, Messrs. D. McGillivray, G. H. Jackson, J. H. Mullin and J. A. Cummings. And of them it may be said, "they are the people," for never since the formation of the Faculty has there been so successful a dinner. The arrangements were perfect, the dinner excellent, and the proceedings beyond comparison. When one takes into consideration the fact that some 300 young men sat down to dinner, it is a thing to be wondered that, though enjoying themselves to overflowing, there was an entire absence of those extremes of boisterous merriment that are apt to characterize a gathering of the kind.

When the *menu* had been satisfactorily punished, Chairman Alexander, in an eloquent speech, extended, on behalf of the students of the Faculty, a welcome to their guests. He did not minimize the dangers and difficulties which beset the path of him who would achieve eminence in the grand profession to which all aspired to belong, but said that the obstacles which, when seen in advance, appeared insurmountable, once being passed seemed like mile-posts pointing them forward to their goal. His speech was loudly applauded, the tributes to the high standing of the Faculty especially evoking loud cheers.

After honouring the toast to "The Queen," Mr. J. Sheahan, Vice-President, proposed the toast to "Canada," which was responded to by Dr. J. H. Richardson.

Mr. D. J. Armour, B.A., proposed "Toronto University." Vice-Chancellor Mulock and Prof. Baker replied.

"The Faculty" was proposed by Mr. B. A. Campbell, to which Dean Ogden and Drs. Graham, McFarlane and Adam H. Wright responded.

"Local Legislature," proposed by Mr. G. Simpson, was responded to by the Hon. G. W. Ross.

"Graduates and Graduating Class," by Mr. D. McGillivray, responded to by Dr. Fletcher, Dr. Kitchen, President of the Medical Alumni Association, and Mr. J. D. Curtis.

"Other Professions," by Mr. I. H. Cameron; Mr. D. R. Wilkie replied.

"The Hospitals," proposed by Mr. H. W. Miller, was responded to by Mr. W. S. Lee and Dr. O'Reilly.

"Sister Institutions," by Mr. J. H. Miller; Dr. Gilbert Gordon replied.

"Athletics," proposed by Mr. R. H. Somers, was responded to by Dr. J. M. MacCallum, who brought out considerable applause by referring to the various members of the Faculty who in their time had taken an active interest in athletics. He spoke feelingly of the beneficial effect to be derived from the field of sport.

"Undergraduates of Sister Institutions," proposed by Mr. Jackson, and responded to by Mr. Hales for Victoria, Mr. Morrison for Knox College, Mr. Gorrell for McGill, Mr. McNally for Bishop's College, Mr. Morden for Queen's, Mr. Murphy for Trinity, and Mr. Mitchell for the Dental College.

"The Press," proposed by Mr. Ross and responded to by Mr. Woods, of *The Mail*.

"The Ladies," proposed by Mr. Roberts, and responded to by Mr. Connolly.

"The Freshmen," proposed by Mr. Sloan, and responded to by Mr. Ritchie.

The gathering broke up at a late hour, when all wended their way homeward; the "committee" gratified that their efforts had been so much appreciated; the guests more than delighted at the manner in which they had been entertained; the students satisfied that the medical student's life is a happy one after all.

The following were noticed among the guests: Vice-Chancellor Mulock, Hon. G. W. Ross, Principal Caven, Mr. J. J. Maclaren, Q.C., Mr. D. R. Wilkie, Profs. Ellis, Baker and Mayor, Dr. Richardson, Mr. Walter S. Lee, Drs. Willmott, Reeve, A. B. McCallum, Fletcher, Glaister, Martin, Robinson, Tomlinson, Harvey, Burroughs, Bird, South, J. B. Peters, W. Caven, Primrose, J. M. McCollum, Spencer, Graham, Geo. Peters, Starr, McPhedran, Dwyer, A. R. Gordon, D. G. Gordon, O'Reilly, Adam Wright, Dame, L. McFarlane, Kitchen and others.

Queen's University, Kingston, was represented by Mr. Morden; McGill College sent Mr. Gorrell; Bishop's College sent Mr. McNally; from Trinity College came Mr. Murphy; from the Toronto School of Dentistry, Mr. Mitchell; from Knox College, Mr. Morrison; and from Victoria, Mr. Hales.

## Book Notices.

*Outlines of Obstetrics.* A syllabus of Lectures delivered at the Long Island College Hospital, by CHARLES JEWETT, A.M., M.D., Professor of Obstetrics and Pediatrics in the College, and Obstetrician to the Hospital. Edited by HAROLD F. JEWETT, M.D. W. B. Saunders, Philadelphia. Price \$2.00.

This work of nearly three hundred pages is intended as an aid to the study of obstetrics in both the didactic and the practical work of the college course. It places the whole subject before the reader in a brief, yet clear, and well-classified style. While giving the anatomy of the genital organs, the physiology and pathology of pregnancy, labour and the puerperium, it supplies all those minute points of practice that are so important. The student and the busy practitioner would alike find it of great service.

*A Manual of Diseases of the Nervous System.* By W. R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital, Physician to the National Hospital for the Paralyzed and Epileptic. Second edition. Volume II.: Diseases of the Brain and Cranial Nerves, General and Functional Diseases of the Nervous System. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1893.

The second edition of this work has been thoroughly revised, and the results of investigation in this branch of medical service for the last five years have been added to this edition.

This volume (the second) treats of the diseases of the brain and cranial nerves, together with the general and functional diseases of the nervous system, and is supplied with one hundred and eighty-two illustrations. This work is without doubt one of the most complete text-books that has ever been written on this subject. Each disease is described in a thorough and complete as well as concise manner that leaves nothing to be desired. The pathology relative to the subject is given fully, and includes all the results brought to light by recent scientific investigation.

Causes, symptoms, and treatment are taken up in a masterly manner, the latest developments in electrical therapeutics being especially mentioned. The chapters on those most obscure of all nervous

affections, namely, the functional diseases, are ably written and are very interesting.

The work is written in that easy, flowing style which goes far towards rendering a deep subject attractive. Every physician should read this work, and we have no hesitation in saying that those who do will be amply repaid for their outlay. The price is moderate, and well within the reach of everyone.

In conclusion, we congratulate Dr. Gowers on his excellent production, and have much pleasure in recommending it to the profession.

*The Ideal Physicians' Visiting List* (Lindsay & Blakiston's) 1894. Philadelphia: P. Blakiston, Son & Co.

The views expressed and promises made by this firm in connection with their Visiting List for 1894 are very well and judiciously carried out, the edition being all that could be wished. Not only is this a Visiting List proper, so placed as to be very convenient, but it is also a short treatise on the requirements of knowledge apt to be forgotten by the busy practitioner. They have dose tables, tables of the metric system, list of new remedies, methods of examination of urine and for calculation of the time of pregnancy, treatment of common diseases of the eye, etc. This book, if so it may be called, is very nicely and neatly bound in morocco, and is a very handy pocket size. It varies in usefulness from twenty-five patients up to one hundred, and varies in price from \$1.00 to \$2.50. Many physicians would save themselves a great deal of trouble by using some such work as this.

## PAMPHLETS RECEIVED.

(1) *Fibromyoma of the Uterus and Broad Ligament of Forty-five Years Duration*; (2) *Pathology, Symptomatology and Treatment of Hemorrhoids, Simple and Complicated*; (3) *Surgical Therapy of Rectal Cancer*; (4) *Notes on Cases of Homeo-osteoplasty in the Shattering Disorganization of Compound Fracture of the Leg, Thigh and Hand.* By THOS. H. MANLEY, M.D.

*Hydrocystoma.* By A. R. ROBINSON, M.D., L.R.C.P. & S. Edin., Prof. of Dermatology at the N.Y. Polyclinic, etc.



## AN EPITOME

OF

## CURRENT MEDICAL LITERATURE.

## MEDICINE.

**A Case of Rheumatic-Torticollis and Erythema Nodosum.**—Robert C., æt. four years, was taken suddenly ill on the evening of March 26 with headache, fever and pains in hands and wrists. The next morning his head was turned to the right, and numerous reddish spots had appeared on hands and wrists.

When seen on the 28th, his face was turned to the right, and his head pulled toward the left shoulder by the contraction of the left sternomastoid. On the dorsal surface of hands and wrists was a typical eruption of erythema nodosum, the spots varying in size from a dime to a half-dollar. During the day, similar but smaller spots appeared about the knees, and extended on to thighs and legs. The temperature was moderately elevated and the bowels constipated. Treatment was catharsis and an alkali. The head was straight, and motion free in five days, and the eruption had practically disappeared in a week. The case is interesting, I think, because of the simultaneous occurrence of these two affections, both probably of rheumatic origin.—J. L. MORSE, A.M., M.D., in *Archives of Pediatrics*.

**Hypodermic Injections in Neurasthenia.**—Mathieu (*Gaz. d. Hôp.*, September 7th, 1893), in reviewing this form of treatment, is inclined to believe that much of its efficacy is due to suggestion similar to the effect of suspension in tabes, and to that of twenty or thirty different medicines in phthisis. He objects strongly to the use of organic liquids, but has not the same objections to the use of saline injections, as they can be employed without danger if proper antiseptic precautions are taken, and if the injections are made sufficiently deep. He thinks that there is no doubt that small transfusions of serum, to the extent of 25, 50, or 100 centimeters of liquid, raise the tone. He has obtained almost miraculous results in neurasthenia with a liquid composed of 4 grammes of phosphate of soda, 2 grammes of chloride of sodium, 20

grammes of neutral glycerine, and 80 grammes of water, but he does not attribute any specificity to the liquid. Recently, with 2 centimeters of the liquid, he resuscitated a neurasthenic who was scarcely able to leave his bed; but Mathieu added a strong dose of suggestion to the above formula, and believes more in the latter than in the phosphate of soda.—*Brit. Med. Jour.*

**Quinine in Hæmaturia.**—In the following case of malarial hæmaturia, quinine formed the basis of treatment. So much has been said, pro and con, about the use of this drug in hæmaturia that it seems desirable to give it further trial, and, by noting results carefully, collect sufficient data to settle the question beyond reasonable doubt.

Mrs. G., æt. 45, white, summoned medical aid at 6 p.m., August 8th, and gave the following history: A chill August 4th, followed by a rise of temperature of several hours' duration, after which the fever subsided, having a feeling of lassitude, general malaise, loss of appetite, etc. On the 7th she had another chill, but this time the fever did not subside as before, and when seen the next day her temperature was 103 degrees, pulse 115, headache, tongue dry and covered with a yellowish fur, had vomited several times during the day and still felt nauseated; bowels very close, micturition frequent, urine scanty and presenting the appearance of blood in large quantity.

When examined, quite a large percentage of albumen was found, and the microscope revealed the presence of numerous blood corpuscles. In addition, patient complained of a severe pain in the lower portion of the abdomen, just over the bladder. This pain, however, was very probably of a purely neuralgic character, as it does not belong to the natural history of the disease.

**Treatment.**—To relieve pain and gastric irritability, morphine was given hypodermatically, and in order to unload the bowels, a warm soap-sud enema, which had the effect desired. As soon as the stomach was quieted five grains of quinine, in solution, were given every two hours until thirty grains were taken. The following day, August 9th, patient was again visited at 8 a.m. Had spent a good night. Temperature 98½, urine much increased in quantity, and colour decidedly better, almost normal. Bowels were again moved, and

quinine ordered every three hours until thirty more grains were taken. That evening temperature was still normal, and urine had cleared up completely, and no longer showed the presence of red corpuscles. A few days later a tonic pill was prescribed consisting of iron, quinine, nuxvomica. At the time of this writing, August 19th, patient is well.—A. R. TRAHAN, M.D., in *New Orleans Medical and Surgical Journal*.

**Euchlorine in Diphtheria.**—L. D. L. Ellis (*Brit. Med. Jour.*) strongly advocates its use. About xx. gr. to xxx. gr. of pot. chlor. with 10 minims of strong HCl will fill an eight-ounce bottle with sufficient heavy, yellow gas to make a good solution on shaking up with water. If the bottle is damp the reaction is useless, as the resulting gas in solution does little good. I dilute the solution if necessary, and in some cases have neutralized the free HCl before using. The mixture can be made palatable by adding glycerine and sp. chlor., and is readily taken by children too young to gargle, by a few drops every half-hour, but it is very efficacious when used as a spray. As a gargle for children, a much weaker solution than the one given will do as well.—*Archives of Pediatrics*.

**Facts regarding the Bacillus Aerogenes Capsulatus.**—We have already on two occasions in these columns referred to the pathogenicity of the bacillus aerogenes capsulatus, and to the symptoms and lesions to which it is capable of giving rise in the bodies of men and animals. Examples of infection in human beings are now being reported from different quarters, and it seems probable that they are not so uncommon as was at first believed. P. Ernst, of Heidelberg (*Virchow's Archiv*, Band cxxxiii, Heft 2), records two interesting cases. The first was that of a woman of twenty-six, who had aborted at the fourth month, the foetus being partially decomposed. Septic endometritis followed and soon proved fatal. At the autopsy, made three hours after death, the walls of the uterus were found to be partly gangrenous and to contain bubbles of gas. Scattered throughout the liver and heart-muscle were narcotic nodules surrounding cavities filled with gas, and bubbles of gas could be seen in the blood-vessels all over the body. The second case was that of

a man, fifty-five years of age, who died of peritonitis subsequent to perforation of the intestine. After death, bubbles of gas were found in the blood-vessels everywhere, and the liver was thickly studded with little cavities containing gas (*Schaumleber*). The bacilli were particularly abundant wherever the gas was present, and Ernst, by anaërobic cultures and experiments on animals, proved the organism to be identical with that described by Welch and Nuttall.

The description of an unusually interesting case has recently appeared in the *Columbus Medical Journal*. A woman of thirty-five, a patient of Dr. S. H. Steward, was suddenly seized one morning with a severe chill. This was followed by pain of such intensity in the back and in the right leg and thigh as to require for its relief the administration of morphia. About ten hours after the onset, the subcutaneous tissues of the body from head to foot became emphysematous, and the surface of the skin assumed a diffuse scarlet discoloration. The woman complained of feeling numb and bloated, and her urine was suppressed. She died quite suddenly some fourteen hours after the initial rigour, although conscious and capable of carrying on conversation up to within three minutes of her death. After death, the gaseous distention rapidly increased and became extreme; the ruby-red discoloration of the skin gradually changed to a yellowish-brown tint. Dr. J. F. Baldwin, who was consulted with regard to the case, suggested the possibility of an infection with the gas-bacillus, and urged that a post-mortem examination be made. At the autopsy, inflammable gas was found everywhere, the blood-vessels especially showing the characteristic beaded appearance. The uterus gave evidence of a recent abortion, and no doubt represented the portal of infection. Dr. Graham examined the blood bacteriologically, found the bacilli, and was able to reproduce by injection into animals the typical phenomena with which our readers are already familiar. This case goes far to confirm the view previously advanced that the numerous cases recorded as instances of death due to entrance of air into the uterine veins after abortions and injections have really been instances of infection with the bacillus aerogenes capsulatus.

It is curious to note that similar cases were recorded, more than a century ago, by John

Hunter, although naturally he could not understand their full significance. The types of infection observed at that time agree so well with those recently described, that we cannot refrain from quoting the following from his *Lectures on Surgery*:

"In these cases the body, immediately after death, becomes emphysematous; this emphysema, though it does not occur during life, would yet appear to be an effect of life, for it depends on disease as the body is dying. . . . It occurs immediately after death, or perhaps in the act of dying. . . . I have myself seen several very remarkable instances of its occurrence. The first was that of a young lady about four months gone with child, who, in March or April, about two or three in the afternoon, was suddenly taken ill with a fit, of which she shortly died. She was opened the next morning at seven o'clock, when the body was found swelled with air extravasated in the cellular membrane; the mesentery, intestines, liver and heart were loaded with air, the blood worked out of the larger vessels mixed with air, and the body had become very offensive. Another case of this kind occurred at St. George's Hospital in a man who had an encysted tumour in the upper belly of the right rectus muscle, which contained a fluid. It was opened on Friday, and on the Monday following he became ill, and died at one o'clock. He was opened seventeen hours after death, and was found emphysematous, just as in the former case. This appears to be similar to what is commonly termed sphacelus, being a species of mortification occurring before death or in the act of dying. . . . A man at St. George's Hospital had the operation for popliteal aneurism performed. . . . The case went on well till the sixth day, when ulceration took place in some part of the artery; . . . considerable bleeding took place, and recurred several times afterward . . . (and) in the end (was) the cause of death. Immediately after the first bleeding, I observed the foot and leg of the diseased side to become cold as high as the middle of the calf. . . . Before he died, (in) the upper part of the leg . . . a vesication formed, discharging a bloody serum, and they became darker, as if blood was diffused in the cellular membrane, and edematous, or rather, emphysematous."

How the soul of the enthusiastic student of hedgehogs would rejoice could it be made conversant with the satisfactory explanation of these cases which the science of bacteriology has afforded.—*Medical News*.

**Duboisine.**—E. Mendel recommends duboisine in paralysis agitans, not as a remedy, but as a great palliative. After hypodermatic injection of two or three décimilligrammes of the drug, the tremor ceases for a period of three or four hours; sleep also is much improved thereby, and muscular rigidity increased. The remedy may be used safely for a long time, as there is no danger of formation of a drug-habit.—*Neurolog. Centralblatt*.

**The Treatment of Hemoptysis.**—Eklund (*Centralbl. f. die gesamte Therap.*, August, 1893, p. 503) maintains that nothing is more dangerous in case of hemoptysis than the common practice of administering cold drinks or bits of ice. The cold causes increase in the bleeding; by irritation of the vagus, cough is induced; and by contraction of the gastric vessels the flow of blood to the lungs is increased. Eklund, therefore, advises the administration of warm and mucilaginous drinks and the application of an ice-bag over the apex of the lung from which the hemorrhage is believed to have taken place. Besides, he directs the taking, three or four times a day, of three grains of quinine sulphate and a grain and a half of ergotin in pill form.—*Medical News*.

**Bismuth in Large Doses for Chronic Gastric Catarrh.**—Pick (*Berliner klinische Wochenschrift*, 1893, No. 31, p. 761) maintains that, in order to be effective in the treatment of chronic gastric catarrh, bismuth should be administered in maximum doses. His own mode of procedure, which he reports to have practised successfully in a large number of cases, is to give a small quantity of saline in about eight ounces of warm water before breakfast, and half an hour later, from three to four drachms of bismuth subnitrate in two equal parts in cachets. Massage of the epigastrium is then practised for a short time, and in half an hour the patient is permitted to breakfast. Ordinary care is to be exercised with



regard to diet. In mild cases, decided improvement is said to follow after a week of this treatment; in the graver cases, three or four weeks elapse before a similar result is obtained.—*Medical News*.

### SURGERY.

**Ingrowing Toe-nail.**—Dust over the granulations at the bottom of the sulcus with aristol or iodoform and on top of this put a small piece of lint or cotton.

Take a piece of rubber bandage one-half inch wide and twelve to fourteen inches long, and if it is the inside of the toe that is affected carry the bandage over the nail toward the inflamed structure. This, as you will observe, will have a tendency to carry the mass away from the nail. Beginning at the extreme end of the toe, carry the bandage back, with such pressure as the patient can comfortably stand, until the whole area of inflammation is included. Fasten it by means of a light gum band or tapes fastened to the end of the bandage.

The patient is then able to attend to his ordinary duties. The bandage can be removed at night and re-applied by the patient himself, if desirable, the first thing in the morning.—*N. Y. Med. Times*.—*Med. and Surg. Reporter*.

**Varicose Veins in the Arms.**—Dutton (*Lancet*, No. 3648, p. 248) has reported the case of a healthy-looking woman, sixty-five years old, who presented herself on account of an acute attack of eczema of the arms, legs, chest, and abdomen. Until the age of twenty-four the woman had been engaged in housework, doing a good deal of washing. Her work had been rather hard, and washing occasioned swelling and aching pains in the arms. At the age of eighteen, swellings were observed in the arms, which gradually increased in size. Various forms of treatment had been employed, but without avail. Both forearms and the arms for a distance of three inches above the elbow presented soft, painless, movable, superficial knotted masses of various sizes, from the diameter of a pea to that of a walnut. The varicosity did not appear to have attacked the chief

superficial veins of the arms, but rather the ramifications of the veins, giving rise to well-defined masses. On vigorous flexion and extension of the forearm the superficial veins swelled to an unusual size. The patient stated that she had often noted the lumps to have a blue appearance, especially after a day at the wash-tub. No definite cause for the condition could be found. There were no signs of pressure; no enlarged glands in the axilla; no signs of intrathoracic tumour or aneurism; and no cardiac lesion. A mild bronchitis existed, but the general health was good. The condition gave rise to no special inconvenience beyond a considerable amount of aching pain after a hard day's work. There was also a considerable degree of varicosity of the veins of the legs and slighter varicosity of the veins of the thigh.—*Medical News*.

**A Case of Spina Bifida Successfully Treated with Iodo-Glycerine.** (*Brit. Med. Jour.*)—The child, a male, now five years and two months old, was not brought under the notice of Dr. McCullagh until it was ten months old. There was then an ovoid tumour in the lumbo-sacral region, four inches long, three broad, and from two and one-half to three inches elevated over the surface line; it was sessile, translucent, marked with white bands, fibrous in character, coinciding with depressions on the surface of the tumour as if they constricted it. Contents: Ordinary subarachnoid fluid; covering of tumour solely spinal meninges, posterior neural arches absent, represented by rudimentary diverging laminæ; nerves protruded, but were neither spread out nor adherent to the covering. No actual paralysis, both sensation and reflex motion being present, but there was marked atrophy. Dr. McCullagh operated by a modification of Morton's method. Finding the withdrawal of the fluid was followed by a convulsion, he obtained quite as much flaccidity in the tumour by laying the child on its face with the hips raised. Next he found that where he had made the injections completely through the coverings of the tumour, the effect was either nil or only slight circumscribed meningitis; whereas, in those injections where the penetration was not perfect, as at the margins and the white fibrous bands already mentioned, small patches resemb-

ling the islands in skin grafting were produced. He therefore confined himself altogether to dealing with the bands and the edges of the tumour, with the result that the whole tumour was soon covered. He then ceased the injections, and painted the surface over with a double strength solution, with the result that the covering thickened and soon assumed the indurated condition which was present when the members saw the child exhibited. His conclusions were: (1) That the subsequent meningitis developed in many cases treated with iodo-glycerine was due to the entrasaccular injections. (2) That neither they nor the preliminary evacuations of the contained fluid are necessary. (3) That Morton's method as modified was not only incomparably safer, but gave a result as good as could be hoped for from the most successful plastic operation.—*Archives of Pediatrics*.

**Abortive Treatment of Gonorrhœa with Oil of Cinnamon.**—The treatment of gonorrhœa is as yet purely empiric. Countless remedies and innumerable methods have been employed, but as yet no specific has been discovered, and no entirely satisfactory plan has been devised. The discovery of the gonococcus, and the fact that it dwells under the epithelial layer as well as upon it, points the way toward a scientific method of cure. We can affirm that remedies that act merely upon the surface by application through the medium of the urine cannot effect a cure. The balsams, taken internally, modify the symptoms, but that their use shortens the case is much to be doubted. The astringents, it is quite true, will improve an ordinary non-suppurative inflammation of any structure by causing constriction of the vessels, increasing the rapidity of circulation, washing adherent corpuscles from the vessel-walls, and promoting absorption; but astringents do not do good in acute suppurations. My experience with astringents as remedies in the acute stage of gonorrhœa has not been favourable.

The proper method of treatment of gonorrhœa, when the case is seen early, would be to use an antiseptic agent. The use of hot retro-injections of corrosive sublimate does unquestionably do good, but the corrosive has to be used in great dilution (1:20,000), as strong solutions are irri-

tating. In order to most certainly cut short a beginning gonorrhœa:

1. The mucous membrane should be cleansed as a preliminary to every antiseptic injection. The stream of urine, so often relied upon, does not satisfactorily accomplish this. The mucous membrane is thickened and thrown into folds; small drops of urine lodge in the crypts and hollows, to decompose and irritate, if not washed away; and the urine, so far from cleansing, is an offending substance which it is desirable to remove. Hence, before injecting an antiseptic, the bladder should be emptied, and the urethra washed out with hot water or, better, with a solution of hydrogen dioxide. Dr. J. William White has for some time recommended the use of hydrogen dioxide in gonorrhœa. The fifteen-volume solution is diluted with an equal bulk of water, and injected with an ordinary syringe, or, as I prefer, sprayed in with a metal-nozzled atomizer. The spraying enables us to reach all parts of the urethra. It causes considerable distention, which must not be permitted to produce much pain. In letting it out, care should be taken that flakes of froth do not fly into the eyes. The spray should be continued for a moment or two, the meatus being opened repeatedly to allow the froth to escape.

2. After cleansing the urethra, an antiseptic agent should be injected. This agent should be non-irritant, or but slightly irritant. It should be certainly germicidal; it should be capable of permeating the connective tissue beneath the epithelial cells; and it should have a tendency to remain in contact with the surface-tissue, and not at once to flow away. For many months past Dr. D. Braden Kyle has been engaged in our private laboratory in a series of experiments in regard to the properties of the oil of cinnamon. He found this substance to possess the most remarkable antiseptic powers (the report will soon be published), and used it in the treatment of infective and non-infective inflammatory conditions of the nasal and aural passages, with most gratifying results. His success induced me to employ the agent in the treatment of gonorrhœa. The oil can be applied once daily by means of the atomizer (and this plan is most efficient, if the physician applies it himself, or the patient is sufficiently intelligent to do so). The oil is mixed with

benzoinol in three degrees of strength, 1 drop, 2 drops and three drops of the oil, respectively, to the ounce of benzoinol. On the first day, solution No. 1 is used (one drop to the ounce); on the second day, solution No. 2, and after this, solution No. 3. The benzoinol serves the useful purpose of causing the thorough diffusion of the oil, and also causes it to adhere with considerable tenacity to the mucous membrane. Dr. Horwitz prefers to use the oil by injection, employing a solution of the same strength in albolene or benzoinol. This plan I have tried, and believe it to be the best when the patient lacks intelligence, and is obliged to largely carry out his own treatment.

It is in beginning gonorrhœa that oil of cinnamon finds its most useful field. In acute, thoroughly developed cases, its employment induces considerable pain; but, though it does not check the disease, it causes abatement of the *ardor urinæ*. In chronic cases it also seems of considerable use. I am far from claiming to have found a specific, but I am quite sure that cinnamon is a very valuable remedy in certain cases of gonorrhœa. In forty cases of beginning acute urethritis, clinically recognized as gonorrhœa, of from three to five days' duration, the following results were obtained:

In six cases the discharge ceased in two days and did not return; in twelve cases the discharge ceased in five days; in six cases the discharge ceased in from eight to ten days; in ten cases the discharge ceased in from ten to fifteen days; in two cases the treatment failed entirely, and was abandoned after two weeks; four cases did not return after the first visit.

No other treatment was used, although ordinary hygienic and dietetic precautions were taken. Dr. Horwitz informs me that fifteen beginning acute cases under his observation were cured within ten days. In ten cases of chronic gonorrhœa, without apparent stricture or granular patches, the treatment proved successful: four cases were cured in two weeks; three cases in three weeks; while three cases were benefited, but not cured. In no case was a complication observed.

These observations, chiefly made in the Jefferson College Hospital, would seem to justify the conclusion that oil of cinnamon is of value in the treatment of beginning gonorrhœa and of chronic gonorrhœa. Whether or not the drug will prove

of benefit when given internally, future experiments will show.

The injections should be made three or four times a day, immediately preceded by micturition and cleansing of the urethra with hydrogen dioxide. In cases in which considerable pain is caused by the injection, the weaker solutions should be used, and retained for but a short time.

The irritant injections, if strong solutions are used, seem to favour the development of stricture, an objection from which oil of cinnamon appears to be free.—J. CHALMERS DA COSTA, M.D., in *Medical News*.

#### GYNÆCOLOGY.

**An Ovarian Tumour weighing 111 pounds Removed from a Child of Fifteen, whose weight was Sixty-eight Pounds.**—Miss B., of Benazette, Pa., was first seen by me at Driftwood, Pa., February 26th, 1892, at the request of Dr. V. K. Corbett, of Caledonia. She was then fourteen years of age and had never menstruated. About eighteen months before I saw her, her abdomen began to enlarge. Six months afterward Dr. Corbett was consulted for an attack of considerable pain in the left side of the abdomen. He found that she was only voiding eight ounces of urine in twenty-four hours, but under proper treatment this soon reached a quart in amount, and has remained so ever since. He never discovered any albumen in the urine. In October, 1891, she had been tapped by a gynæcologist, who is said to have diagnosed a solid and probably malignant tumour, connected most likely with the liver, omentum, and ovary, and who deemed its removal not feasible.

I found the abdomen enormously distended with fluid and advised very strongly that a small incision should be made in the abdominal wall, so that I could determine the relations of the growth with accuracy. Her father, however, was not present, and had made it a condition that nothing beyond tapping should be done. I tapped her immediately, and removed considerably over three gallons of amber coloured fluid. When this was evacuated I discovered a lobulated tumour on the right side of the abdomen, under the liver and apparently attached to it. It was evidently cystic in part, there being at least two cysts perceptible. Each of these I tapped, obtaining from the upper one a light



fluid and from the lower one a much darker fluid. On account of her age no vaginal examination was made. The fluids pointed strongly toward an ovarian cystoma. I again advised an exploratory incision.

April 29th, 1893. The patient was brought to the Jefferson College Hospital. She has been tapped twice since February, 1892, the last time in February, 1893, when six and a half gallons were drawn off. She is now enormously swollen. The measurements are as follows: From the ensiform to the umbilicus, 16½ inches; from the ensiform to the pubes, 29½ inches (this measurement in myself reaches from the ensiform to the middle of the calf of my leg): circumference, 49 inches. The veins over the abdomen are very large. Nothing can be made out in the interior in consequence of the enormous abdominal distention. Examination of the urine shows no albumen and a very slight trace of sugar (?).

*Operation.*—April 30th, 1893. A small incision was made in the median line above the umbilicus, as the greater mass of the tumour lay there. A large trocar was thrust in and evacuated a very large

quantity of characteristic opalescent ovarian fluid. The escape of this fluid revealed through the abdominal wall large masses lying especially under the liver in the right iliac fossa. After this evacuation I enlarged the incision until it measured eventually about eight inches in length. I introduced my hand and found an enormous ovarian cyst, reaching up to the diaphragm and pushing everything out of its way. There were a number of moderate adhesions, chiefly to the belly wall and the omentum. The viscera were fortunately entirely free. The pedicle was only 2½ inches broad. The tumour arose in the right ovary, the left ovary being healthy but small.

The weight of the solid mass removed was twenty-seven pounds, and by actual weighing the fluid removed weighed eighty-four pounds, making a total of 111 pounds. The child herself weighed but sixty-eight pounds.

After the removal of the tumour I never saw so curious a looking abdominal cavity. It looked almost like that of an eviscerated cadaver in the dissecting room. The tumour had so pushed the liver to the right and backward, and the stomach

[OVER.]

## THE TRUSTS CORPORATION OF ONTARIO.

OFFICES AND SAFE DEPOSIT VAULTS:

**BANK OF COMMERCE BUILDING, KING ST., TORONTO.**

Authorized Capital,	-	-	\$1,000,000.
Capital Subscribed,	-	-	\$800,000.

### DIRECTORS:

HON. J. C. AIKINS, P.C., Toronto, *Ex-Lieut. Governor of Manitoba*, PRESIDENT.  
HON. SIR R. J. CARTWRIGHT, K.C.M.G., KINGSTON,  
HON. S. C. WOOD, Toronto, *Dir. Western Assurance Co., Manager Freehold Loan Co.,*

VICE-PRESIDENTS.

J. L. BLAIKIE, Esq., Toronto,  
*President Canada Land and Nat. In. Co.*  
WM. COOKE, Esq., Toronto,  
*Director Real Estate Loan Co.*  
HON. J. R. GOWAN, Barrie,  
*Senator of Canada.*  
WM. HENDRIE, Esq., Hamilton,  
*Director Canada Life Assurance Co.*  
J. J. KENNY, Esq., Toronto,  
*Managing Director West'n Assurance Co.*

G. W. KIELY, Esq., Toronto,  
*Capitalist, Etc.*  
M. LEGGATT, Esq., Hamilton,  
*President Land. Bank. Co., Dir. Canadian Bank of Commerce.*  
THOS. LONG, Esq., Collingwood,  
*Director Great Northern Transit Co.*  
CHAS. MAGEE, Esq., Ottawa,  
*President Bank of Ottawa.*  
ALEX. MANNING, Esq., Toronto,  
*Capitalist, Etc.*

WILMOT D. MATTHEWS, Esq., Toronto,  
*Director C. P. Ry. and Dominion Bank.*  
E. B. OSLER, Esq., Toronto,  
*Director C. P. Ry. and Dominion Bank.*  
J. H. PLUMMER, Esq., Toronto,  
*Assistant General Manager Canadian Bank of Commerce.*  
HUGH RYAN, Esq., Toronto,  
*Director Imperial Bank of Canada.*  
JOHN STUART, Esq., Hamilton,  
*President Bank of Hamilton.*

### Executive Committee:

Manager:  
A. E. PLUMMER.

HON. J. C. AIKINS, *Chairman.*  
HON. SIR R. J. CARTWRIGHT.  
HON. S. C. WOOD.  
J. L. BLAIKIE, Esq.

J. J. KENNY, Esq.  
W. D. MATTHEWS, Esq.  
J. H. PLUMMER, Esq.  
HUGH RYAN, Esq.

### Inspection Committee:

WM. COOKE, Esq.  
WM. HENDRIE, Esq.  
JOHN STUART, Esq.

The Corporation is accepted by the High Court of Justice as a TRUSTS COMPANY, under the approval of the Ontario Government, and is authorized to act as **Executor, Administrator** in case of intestacy, or with **WILL ANNEXED. Trustee UNDER DEED, WILL, COURT APPOINTMENT OR SUBSTITUTION. Receiver, Committee of Lunatics, AND CUSTODIAN OF THE ESTATES AND PROPERTIES OF LUNATICS. Guardian of Children,** also as **Agent for Executors, Trustees** and others, thus relieving them from onerous, and oftentimes disagreeable duties.

The Corporation also acts as **Agent** in financial business of all kinds—Collecting of Rents, Income, etc., Issue and Countersigning Bonds, Debentures, etc.

Our Deposit Vaults are absolutely secure and every convenience provided for the storing of valuables of all kinds at small expense. Wills appointing the Corporation as Executor are received for Safe Custody, free of charge.

The employment of the Corporation will be found prompt and economical. Solicitors placing business with it are continued in the legal work thereof.

**A. E. PLUMMER, MANAGER.**

to the left, that nearly the whole of the diaphragm was exposed, and flapped up and down with the pulsations of the heart. Down the middle of the cavity the bodies of the vertebra were entirely exposed, showing the aorta and vena cava to their bifurcations, the intestines being a very minor consideration and pushed to each side in the hollow of the ribs and the lumbar region. When the abdominal wall was sutured the abdomen was excessively scaphoid, the anterior abdominal wall lying directly on the aorta and vertebrae. The puckering of the skin, although moderately marked, was much less than I had expected.

When the operation was completed a glass drainage-tube was inserted, and she was put to bed in very fair condition, in view of the gravity of the operation. The tumour was a multilocular cyst.

May 18th, 1893. The child has made an uninterrupted recovery. The drainage-tube was removed on the fifth day, when the discharge had become almost nothing, but three days later a slight rise of temperature took place, and the discharge recommenced. A small rubber drainage-tube was

therefore reinserted for a few days. She sat up at the end of two weeks, and will go home as soon as the slight discharge from the drainage opening ceases.

*Remarks.*—I have not had time to search through the literature of ovariectomy, but so far as my memory serves I have never known a larger tumour removed from a child. It weighed just one and a half times as much as the patient. Her recovery has been most satisfactory in spite of a very poor and capricious appetite. The chief lesson the case teaches is the value of an exploratory incision in every case of doubt. Had this been done, instead of a mere tapping, in October, 1891, when the tumour was much smaller, the prognosis would have been much more favourable, and she would have been spared a year and a half of needless suffering. What seemed to be a most formidable operation really proved to be almost a simple one, the adhesions and the pedicle being most favourable for the speedy recovery which has ensued.—W. W. KEEN, M.D., in *Western Medical Reporter*.—*New Orleans Medical and Surgical Journal*.

[OVER.]

### A MOST VALUABLE TONIC IN CONVALESCENCE

## WYETH'S BEEF, WINE AND IRON.

A QUARTER of a century has almost elapsed since Messrs. Wyeth & Bro. first introduced to the attention of the medical profession, the preparation known as Beef, Wine and Iron, and although claiming no proprietorship in the name, its excellent therapeutic properties have commanded an increasing sale from year to year. The remarkable success achieved is due to the fact that, when properly prepared, it combines in a high degree, the properties of a Nutrient, Stimulant and Tonic. To render it efficacious, the Beef Essence entering into its composition must be prepared with intelligence and care. Discretion is requisite in selecting the Sherry Wine, and the two must be combined with the Iron in such a manner that the latter will be held in solution, all of which can be successfully accomplished only by means of an extensive plant such as that which they possess.

Beef, Wine and Iron, as they prepare it, is substantially a universal tonic, and will be found available in nearly all debilitated conditions. Pure Sherry Wine and Fresh Beef being used, it is entirely free from the disagreeable taste and odour characteristic of those products made from the extract of beef.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Wine and Iron, properly prepared, has proven more uniformly beneficial than any combination we have ever known.



## CAUTION.

WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some "not over scrupulous" Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine, in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

**DAVIS & LAWRENCE CO., LTD.** MONTREAL, CANADA  
SOLE AGENTS.



**Keating (John M.) on Cysts of the Female Genital Tract.**—Cysts of the vulvo-vaginal gland (Bartholini's or Cowper's gland) are very common and supposed to be due entirely to gonorrhœa, though occurring frequently after the vagina has become free from the disease. Free incision with splitting up of the duct, cauterization and packing with iodoform gauze where the sac cannot be dissected out, is necessary to prevent recurrence. Other cysts that occur far less frequently and are seldom described, are the following:

Cysts of the labia majora, developmental irregularities, often containing hair, teeth, etc., *i. e.*, dermoid cysts in the vestibule, the size of a bean, lined with cylindrical epithelium and containing yellowish or greenish fluid, having origin in the sebaceous glands; in the urinary meatus from Skene's glands; in the hymen from disintegration of pavement epithelial cells; in the labia minora, which are rare. Various vaginal cysts make their appearance. Adopting Charlot's classification—there are eight varieties; glandular cysts, lymphatic cysts lined with endothelium, hygromas, and large bursæ, developed by injury; sero-cysts developed

in spaces produced by detachment of the coats of the vagina during parturition; cysts developed from hematoma; Müllerian cysts, or lateral hematomas; para-vaginal hydatids; cysts developed from the Wolffian ducts.—*International Med. Magazine.*

### Personals.

Dr. Covernton, sen., spent a few days in Toronto recently.

Dr. Montizambert, of the Grosse Isle Quarantine Station, was visiting in Toronto for a few days.

Dr. R. E. Macdonald, late of Elmsdale, having recovered from his recent illness, has accepted the position of Medical Superintendent of Sudbury Hospital, which contains sixty beds. We wish him every success.

Sir James Grant, of Ottawa, has been elected by acclamation as member to the Commons for his city. Sir James will accept the congratulation of his medical friends, and we have no doubt his long experience in the Medical Council as the representative of Ottawa University will be of much service to him.

[OVER.

## The LYMAN BROS. & CO. (Ltd).

### CHLOROFORM

PURE. Lyman's S. G. 149.

AND

### ETHER SULPHURIC

PURE. Lyman's S. G. 725.

#### FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late **Dr. J. H. McCollum** says of our CHLOROFORM, "that during the nearly five years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by **The LYMAN BROS. & CO., Ltd.**, was administered to about *one thousand* annually, and in no case had we fatality from it. *I have also used it for thirteen years in private practice.*"

**Dr. T. G. Johnston, Sarnia**, says: "For the last six or seven years I have used no other Chloroform than that manufactured by **The LYMAN BROS. & CO., Ltd.**, both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

#### WE CLAIM THE FOLLOWING ADVANTAGES

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

**Dr. C. O'Reilly**, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by **The LYMAN BROS. & CO., Ltd.**, has been extensively used for anæsthetic purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

**Dr. James F. W. Ross** says: "I have overcome my former prejudice against Ether, but **The LYMAN BROS. & CO., Ltd.**, are now supplying an article put up in  $\frac{1}{4}$  and  $\frac{1}{2}$  lb. tins equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

#### WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

(When ordering, specify LYMAN BROS.)

The LYMAN BROS. & CO. (Ltd.) = TORONTO.



### Miscellaneous.

Liebig says: "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly considered and kept in view as the ultimate and most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a

peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the *feces* after taking *Morse's Diastase*.

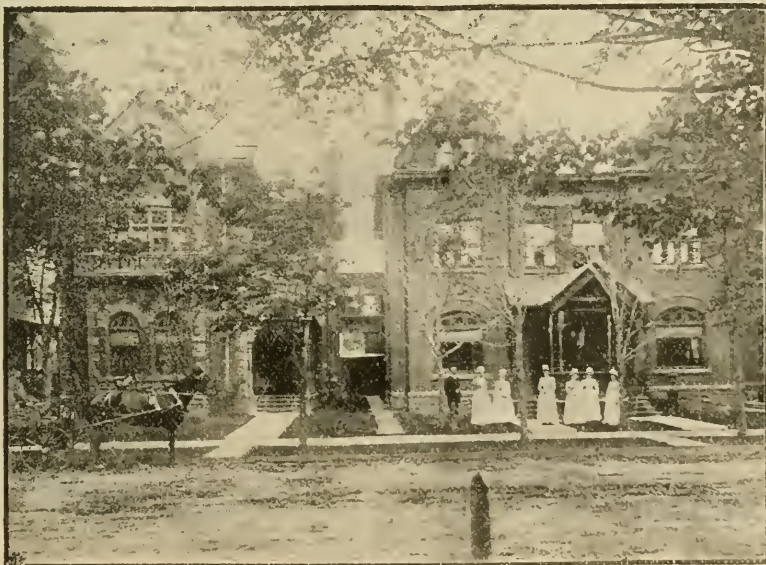
Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the

[OVER.]

## ROTHERHAM HOUSE

Dr. Holford  
Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses For Terms, or other information desired, address  
for outside work on application.

**DR. HOLFORD WALKER, Isabella St., TORONTO.**

finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

**CUTICURA OINTMENT.**—The much advertised "Cuticura Ointment" has been found to consist of a base of petroleum jelly, coloured green, perfumed with oil of bergamot and containing two per cent. of carbolic acid.—*Northwestern Lancet.*

An exchange of recent date says that surgeon's plaster is a simple and reliable remedy in chilblains. It is especially serviceable when the feet are attacked; it is easily applied to the big toe and heel. A salicylated plaster is of great value, as it helps any decorticated spots to heal. The plaster is applied and allowed to remain on for three days, when the trouble will be found cured. After this it will possibly have to be renewed on account of it soiling easily. It may be used on the hands of cooks and those who work in water.

**THE TREATMENT OF WARTS.**—Prof. Kaposi, of Vienna (*La Semaine Medicale*, No. 52, 1893), recommends, when the warts are solitary, removal by the knife, but when multiple, and especially on the face, he employs the applications of thuya occidentalis or fuming nitric acid. Vegetations are best treated by dusting with resorcin or salicylic acid or a plaster of 10 to 20 per cent. Resorcin, if applied for a long time, acts as a caustic, and may irritate the surrounding normal skin. These same topical applications are also excellent in keratosis palmaris and plantaris, even when they are not wart-like. In multiple warts of the face he employs the following:

R Flower of sulphur . . . . .gms. 20 (5v)  
Glycerine . . . . .gms. 50 (3jss)  
Pure con. acetic acid . . .gms. 10 (5ijss)

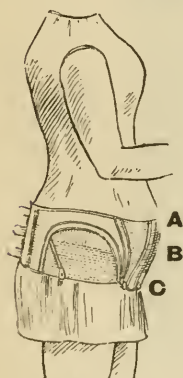
Apply locally to each wart.

They dry up, become bluish, and drop off. Continue this for several days. In mollusciform nevi electrolysis is the best treatment, except when the tumours are voluminous, when the galvanocautery or caustic may be used.—*Lancet-Clinic.*

[OVER.]

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

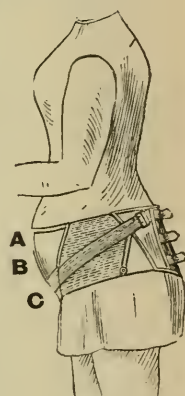


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. **Once used, would not be without it for many times its cost.**

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

**MRS. F. L. PICKERING**

**BOX 149,**

**BRANTFORD,**

**ONTARIO.**

RECURRING GRIPPE.—I. N. Love, M.D., Vice-President American Medical Association, writes:

"The history of epidemics is almost uniform in the direction of their extending over several years. Frequently the disease is endemic, becoming a definite part of every-day life, as witness, diphtheria in many sections of the country. La grippe is no exception. Appearing among us several years ago, it returned the second year in a form more virulent than the first, producing efforts far-reaching and uniformly demoralizing. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases affected *de novo* by the germ—if there be any—and cases that have never recovered from previous attacks with re-aroused disturbances due to the sudden and frequent changes of the weather. Feeling the importance of keeping open the excretory system of glands and, at the same time, considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more promptly suggest itself to my mind than that of Tongaline—a combination which naturally suggests antagonism to a locked-up condition of the glands,

opposition to rheumatism, neuralgia, nervous headache and gout.

"I commend it earnestly and emphatically to the practitioners of the country at large to meet the conditions to which we have referred."

#### THOMAS'S ECLECTRIC OIL.—

Take of—

Gum camphor.....	4 3
Oil gaultheria.....	4 3
Oil origenum.....	4 3
Chloroform.....	1 3
Tr. opium.....	1 3
Oil sassafras.....	1 3
Oil hemlock.....	1 3
Oil turpentine.....	1 3
Balsam fir.....	1 3
Tinct. guaiacum.....	1 3
Tinct. catechu.....	1 3
Alcohol.....	4 pts.
Alkanet.....	sufficient to color.

Mix.

—*Secret Nostrums and Systems*

[OVER.]

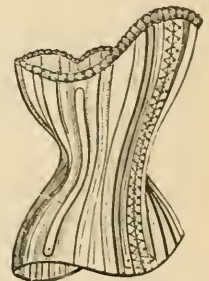
## MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:



"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS  
WRITE OR CALL



*Specially adapted for Stout Ladies.*

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.



THE THERAPEUTIC MERIT OF COMBINED REMEDIES.—The following excerpt from an article under the above caption, in the *Virginia Medical Monthly*, by Stephen J. Clark, M.D., No. 66 W. 10th Street, of this city, plainly outlines the useful combination of two leading remedies in materia medica:

"Binz claims specific antiseptic powers for quinia: other writers are in accord with him on this point, and report good results from large doses in septicaemia, pyaemia, puerperal fever, and erysipelas. It is a germ destroyer of the bacilli of influenza (la grippe). A full dose of quinine and antikamnia will promptly relieve many cases of this disease. In the gastric catarrh of drunkards this combination is valuable. Quinia is a poison to the minute organism—sarcina: and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full dose of antikamnia and quinia will often arrest a commencing pneumonia or pleuritis: This combination is also useful in the typo-malarial fever of the South—particularly for the hyperpyrexia—both quinia and antikamnia, as previously said, being decided fever reducers. The

combination of antikamnia with quinia is valuable in the racking headache, with high fever, attendant upon malarial disorders. It is likewise valuable in cases of periodical attacks of headache of nondefined origin; of the so-called 'bilious attacks'; of dengue; in neuralgia of the trigemini; in that of 'ovarian catarrh': and, in short, in nearly every case where quinine would ordinarily be prescribed."—*New York Medical Journal*, Nov., 1893.

DR. LEO EGGER, OF VIENNA, ON AMERICAN MANUFACTURING PHARMACY.—The eagerness of Americans in general to learn what European travellers think of our land and its institutions, and their excessive sensitiveness to the severe criticisms of some distinguished foreigners in the past—Charles Dickens, for example—have long been regarded as constituting an amusing foible in the national character. The all-exaggerating humorist has not failed to seize upon this trait, and to make all manner of fun of the enterprising journalists who send their reporters out in tugs to greet the arriving celebrity, and ascertain his

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. SCOTT'S EMULSION remains under all conditions *sweet and wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by SCOTT & BOWNE, Chemists,  
132 South Fifth Avenue, New York.

"Impressions of America" ere he puts foot on our soil!

Certain it is that an unusual interest attaches to the comments of intelligent Europeans, if made with proper care after ample and adequate opportunity for observation, reflection and comparison. Such interest is not found wanting in a recent contribution to the well-known *Pharmaceutische Post*, by Dr. Leo Egger, of Vienna, on the subject of American pharmacy in general and, notably, the development of industrial pharmacy as typified in our most extensive manufactories. We quote briefly from Dr. Egger's report:

"It remains for me to speak briefly of individual manufacturing establishments. This journal has previously contained such detailed reports on Parke, Davis & Co., of Detroit, that I need add but a few words respecting the internal operation of these laboratories, which stand alone in extent and perfection of equipment. The most outrageous pedant is forced to unqualified admiration when he sees the painstaking care and caution to ensure reliability, with which the colossal manufacturing operations are conducted, and with which

every single pill, tablet, solution and extract is made actually and absolutely to contain what is claimed on the label. This is achieved by a remarkable system of graduated responsibility within the entire corps of officials, each superior being held accountable for the errors of his subordinates, should the real culprit not be detected.

"A visit to this factory shows that operations on a manufacturing scale are conducted at no sacrifice whatever of the accuracy and caution characteristic of our craft—on the contrary, that the extensive production renders possible a perfection in the preparations which would be inconceivable in work of lesser magnitude."

CUTICURA RESOLVENT.—This preparation is said to be:

Take of—

Aloes, Socot .....	1 5
Rhubarb powd .....	1 5
Iodide potass.....	36 grs.
Whiskey .....	1 pt.

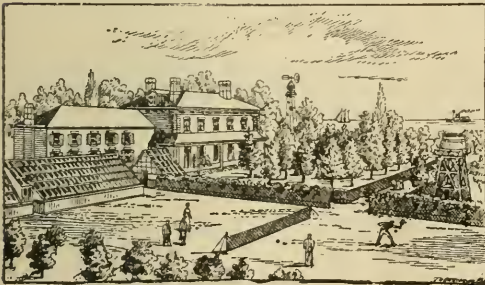
Macerate over night and filter.

—*St. Louis Druggist.*

[OVER.]

# LAKEHURST SANITARIUM

## OAKVILLE, ONT.



FOR THE TREATMENT OF

## INEBRIETY

(Habitual and Periodical)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
OAKVILLE.

Bromide of strontium is recommended for the relief of vomiting; 15 grains, before meals, relieves nausea, and this dose—30 to 45 grains a day—is said to be efficacious even in the obstinate vomiting of pregnancy.—*Ex.*

BROMIDISM.—Bromidism may be prevented by combining an intestinal antiseptic with each dose of the bromides as follows:

R Potassii bromidi.....gr. xxx.  
Beta-naphthol.....gr. xx.

℥.—*Ex.*

FOR NIGHT SWEATS OF PHTHISIS.—

R. Sulphate of atropine..... 0.0005 grms.  
" zinc ..... 0.12 "  
Gallic acid..... 0.12 "  
Creosote ..... 4 drops.

Divide into five pills, one to be taken thrice daily.  
—*Med. Epitome.*

SOOTHING SYRUP WITHOUT OPIUM.—

R Ol. anisi ..... ℥ xxv.  
Alcoholis ..... 5℥j.  
Fl. ext. valerian..... 5℥j.  
Ol. menth. pip..... ℥ xv.  
Tinct. camphoræ..... 5℥j.  
Fl. ext. glycyrrhizæ..... 5℥j.

℥. Sig. Shake the bottle. Dose, one-fourth to one-half teaspoonful in water, repeat as needed.  
—*The Doctor.*

HOW TO EXTINGUISH FIRE.—Take twenty pounds of common salt and ten pounds of sal ammoniac (muriate of ammonia, to be had of any druggist), and dissolve in seven gallons of water. When dissolved, it can be bottled, and kept in each room in the house, to be used in an emergency. In case of a fire occurring, one or two bottles should be immediately thrown with force into the burning place so as to break them; the fire will certainly be extinguished. This is an exceedingly simple process, and certainly worth a trial.—*Medical World.*


[OVER.]

A Vitalizing Tonic to the Reproductive System.

# SANMETTO

FOR

## GENITO-URINARY DISEASES.

 A Scientific Blending of True Santal and Saw Palmetto in a  
Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.

**POSITIVE MERIT AS A REBUILDER.**

Dose:—One teaspoonful four times a day.

**OD. CHEM. CO., NEW YORK.**



# WYETH'S RED GUM LOZENGES.

ASTRINGENT, STYPTIC and ANTISEPTIC.

It has been a matter of surprise to us that the use of Red Gum has been so limited among physicians of the United States and Canada; in Great Britain and on the continent it is largely prescribed with most flattering results, while in Australia it is used to the exclusion of almost every other vegetable astringent.

Red Gum is the resinous exudation from the bark of the Eucalyptus Rostrata found in Western Australia. In the form of a Lozenge, it is admirably adapted and effective as a remedy in all cases of relaxed Uvula, inflamed Mucous Membranes and Bronchial Tubes, ulcerated Sore Mouth and Gums, and its local action as an astringent, styptic and antiseptic, is most marked: its peculiar styptic effect upon all mucous surfaces, particularly the fauces, deadens the sensibilities, thus sheathing and producing a soothing, calmative effect, lessening the tendency to cough and relieving the soreness. We know of no Lozenge or combination that Messrs. Wyeth have heretofore placed before the profession that has so many elements of merit, or is so effective in its action.

DOSE.—A Lozenge to be allowed to dissolve slowly in the mouth every two or three hours, or two or three may be taken in succession if the cough is severe and irritating.

Put up in Boxes Containing 50 each.

**DAVIS & LAWRENCE CO. LIMITED, MONTREAL.**

SOLE AGENTS FOR CANADA.

## FELLOWS' HYPO-PHOS-PHITES.

(SYR : HYPHOS : COMP : FELLOWS.)

### To the Medical Profession of Canada . . . .

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are found upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

#### PECULIAR MERITS.

- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.
- SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.
- THIRD.—Its agreeable flavour and convenient form as a Syrup.
- FOURTH.—Its harmlessness under prolonged use.
- FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

#### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

Prepared by **JAS. I. FELLOWS, CHEMIST.**

Offices and Laboratories: St. Antoine St., Montreal; 48 Vesey St., New York. U.S.A.; 8 Snow Hill, London.

# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year==Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's, Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**F. E. FARRELL, SUPERINTENDENT.** **CLARENCE C. RICE, M.D., SECRETARY,**  
226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.

ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

WM. R. WARNER & CO.'S  
**SOLUBLE COATED PILLS**

These Pills are unequalled in their accredited properties, viz.: RELIABILITY, SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.

We append an abridged list of selected formulae, of value to the general practitioner, any of which **we will forward by mail on receipt of price.**

SOLUBLE COATED PILLS.	BOTTLE		SOLUBLE COATED PILLS.	BOTTLE	
	100	500		100	500
<b>Abernethy's</b> (Aperient) . . . . .	75	3 50	Pulv. Ipecac, 1-10 gr.		
Dose, 1.			Maas Hydrarg., 2 grs.		
Pulv. Aloes Socot., 2 grs.			Ext. Coloc. Co., 2 grs.		
Pulv. Ipecac. 5-6 gr.			<b>Aperient</b> (Dr. Fordyce Barker) . . . . .	1 00	4 75
Pil. Hydrarg., 1 gr.			Med. prop.—Aperient. Dose, 1 to 2.		
Ext. Hyoscyam., 2 grs.			Ext. Coloc. Co., 1 2-3 grs.		
<b>Ague</b> . . . . .	75	3 50	Ext. Nuc. Vom., 1-2 gr.		
Medical properties—Antiperiodic.			Ext. Hyoscyam., 1 1-4 grs.		
Dose, 2 to 4.			Pulv. Ipecac, 1-12 gr.		
Chinoidin. 2 grs.			Pulv. Aloes Soc., 5-12 gr.		
Ext. Coloc. Comp. 1-3 gr.			Res. Podophylli, 1-12 gr.		
Ol. Pip. Nig., 1-6 gr.			<b>Cascara Comp.</b> . . . . .	75	3 50
Ferri Sul., 1-2 gr.			Med. prop.—Laxative Cathartic.		
<b>Anthelmintic</b> . . . . .	1 00	4 75	Dose, 2 to 4.		
Med. properties—Anthelmintic.			Ext. Cascara Sagrad., 3 grs.		
Dose, 1 to 2.			Res. Podophylli. 1-8 gr.		
Santonin, 1 gr.			<b>Chalybeate</b> , 3 grs. . . . .	60	2 75
Calomel, 1 gr.			Med. prop.—Antichlorotic. Dose,		
<b>Anti-Bilious</b> (Vegetable) . . . . .	50	2 25	1 to 5.		
Med. prop.—Cholagogue, Cathartic.			Ferri Sulph., 1 1-2 grs.		
Dose, 2 to 3.			Potassa Carb., 1 1-2 grs.		
Pv. Ext. Col. Co., 2 1-2 grs.			<b>Cathartic Comp. Cholagogue</b> . . . . .	60	2 75
Podophyllin. 1-4 gr.			Med. prop.—Cathartic. Dose, 1		
<b>Anti-Constipation</b> . . . . .	75	3 50	to 2.		
Dose, 1 to 4.			Res. Podophylli. 1-2 gr.		
Podophyllin, 1-10 gr.			Pil. Hydrarg., 1-4 gr.		
Ext. Nuc. Vom., 1-4 gr.			Ext. Hyoscyami, 1-8 gr.		
Pv. Capsici, 1-4 gr.			Ext. Nuc. Vom., 1-16 gr.		
Ext. Belladon., 1-10 gr.			Ol. Res. Capsici, 1-8 gtt.		
Ext. Hyoscyami, 1-4 gr.			<b>Ergotine Comp.</b> (Dr. Reeves) . . . . .	1 75	8 50
<b>Anti-Dyspeptic</b> . . . . .	1 00	4 75	Med. properties—Sedative, Parturi-		
Med. prop.—Applicable where Debi-			ent. Dose, 1.		
lity and Impaired Digestion exist.			Ergotine, 3 grs.		
Dose, 1 to 2.			Ext. Cannab. Ind., 1-4 gr.		
Strychnine, 1-40 gr.			Ext. Belladon., 1-4 gr.		
Ext. Belladonnæ, 1-10 gr.					

Prepared only by

**WM. R. WARNER & CO.**

Originators and Manufacturers  
of Reliable  
Effervescent Preparations.

PHILADELPHIA.

NEW YORK.

LONDON.

*Preparations supplied by all leading druggists.*

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO.  
 EVANS, MASONS & CO.  
 KENNETH CAMPBELL & CO.  
 R. J. DEVINS  
 J. WINER & CO.

KERRY, WATSON & CO.,	MONTREAL
MONTREAL	LYMAN BROS. & CO.
"	ELLIOT & CO.
"	LONDON DRUG COMPANY
"	R. W. MCCARTHY
HAMILTON	BROWN & WEBB

TORONTO  
..  
LONDON  
ST. JOHN  
HALIFAX



PREPARED BY

W. R. WARNER & CO.

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

B—Pulv. Aloes.....2 grains. | Pulv. Rose los..... $\frac{1}{2}$  grain.  
" Mastic..... $\frac{1}{2}$  grain. | M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastic, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anaemia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 50 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

B—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext.....1 gr.  
Assafetida.....2 gr. | Ac. Arsenious.....1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph.  $\text{Fe SO}_4$  } Ferri Carb.  $\text{Fe CO}_3$   
Potass. Carb.  $\text{K}_2 \text{ CO}_3$  } = Potass. Sulph.  $\text{K}_2 \text{ SO}_4$

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with  $\frac{1}{2}$  gr. Ext. Nux. Vomica added to each Pill to increase the tonic effect. Dose 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION

B—Pepsin Conc't.....1 gr. | Gingerine.....1-16 gr.  
Pv. Nux. Vom..... $\frac{1}{4}$  gr. | Sulphur..... $\frac{1}{2}$  gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda.....1 gr.  
Salicylic Acid.....1 gr.  
Ext. Nux Vomica.....1 gr.  
Powd. Capsicum.....1-10 gr.  
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

B -Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna,  $\frac{1}{2}$  gr.

Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.

# SHORTHAND

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

**Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

**BUSINESS**

# McGILL UNIVERSITY, MONTREAL.

## Faculty of Medicine. Sixty-first Session, 1893-94.

### FACULTY.

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Emeritus Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

### EMERITUS PROFESSORS.

W. WRIGHT, M.D.; L. R. C. S. DUNCAN; C. McCALLUM, M.D., M.R.C.S.E.; G. E. FENWICK, M.D.

### PROFESSORS.

ROBT. CRAIK, M.D., Prof. of Hygiene and Public Health.  
G. P. GIRDWOOD, M.D., M.R.C.S. Eng., Prof. of Chemistry.  
THOS. G. RODDICK, M.D., Prof. of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M.D., Prof. of Gynecology.  
F. J. SHEPHERD, M.D., M.R.C.S., Eng., Prof. of Anatomy and Librarian of the Faculty.  
F. BULLER, M.D., M.R.C.S. Eng., Prof. of Ophthalmology and Otolaryngology.  
JAMES STEWART, M.D., Prof. of Medicine and Clinical Medicine.

GEO. WILKINS, M.D., M.R.C.S., Prof. of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B.Sc., Prof. of Botany.  
T. WESLEY MILLS, M.A., M.D., L.R.C.P. London, Prof. of Physiology.  
JAS. C. CAMERON, M.D., M.R.C.P.I., Prof. of Midwifery and Diseases of Infancy.  
R. F. RUTTAN, B.A., M.D., Assistant Prof. of Chemistry, and Registrar of the Faculty.  
JAS. BELL, M.D., Assistant Prof. of Surgery and Clinical Surgery.  
J. G. ADAMI, M.A., M.D., Cantab. Prof. of Pathology.  
G. W. MAJOR, B.A., M.D., Prof. of Laryngology.

### LECTURERS.

T. JOHNSON ALLOWAY, M.D., Lecturer in Gynecology.  
F. G. FINLEY, M.B. (Lond.), M.D. (McGill), Lecturer in Medicine and Clinical Medicine.  
H. S. BIRKETT, M.D., Lecturer in Laryngology and Senior Demonstrator of Anatomy.

HENRY A. LAFLEUR, B.A., M.D., Lecturer in Medicine and Clinical Medical.  
GEO. ARMSTRONG, M.D., Lecturer in Surgery and Clinical Surgery.  
T. J. W. BURGESS, M.D., Lecturer on Mental Diseases.

### DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

WM. R. SUTHERLAND, M.D., Demonstrator in Surgery.  
WYATT JOHNSTON, M.D., Demonstrator in Bacteriology.  
JOHN. M. ELDER, B.A., M.D., Assistant Demonstrator in Anatomy.  
J. G. MCCARTHY, B.A., M.D., Assistant Demonstrator in Anatomy.

D. J. EVANS, M.D., Assistant Demonstrator in Obstetrics.  
N. D. GUNN, M.D., Assistant Demonstrator in Histology.  
W. S. MORROW, M.D., Assistant Demonstrator in Physiology.  
R. C. KIRKPATRICK, B.A., M.D., Assistant Demonstrator in Surgery.  
C. F. MARTIN, B.A., M.D., Assistant Demonstrator in Bacteriology.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July, to be taken after the third Winter Session.

The Sixty-first Session will commence on the 3rd of October, and will be continued until the end of the following March: this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating seventy-six students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students, 48 x 40 feet. The first flat contains the research laboratory, culture rooms and the professor's private laboratory, the ground floor being used for the curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened—in September, 1893—and students will have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be twenty-one years of age, having studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to

**R. F. RUTTAN, M.D., REGISTRAR,**  
Medical Faculty, McGill College.



# Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

## MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

# CHICAGO POLYCLINIC & HOSPITAL

174-176 E. Chicago Ave.

The fifth SPECIAL COURSE for practitioners in this institution will commence Wednesday, May 3rd, 1893, and continue two weeks.

This course will consist of Clinical Lectures and Demonstrations from 8.30 a.m. to 10 p.m.

In addition to the regular daily Clinics, the following special features will be presented by the Faculty:

Prof. N. SENN—Surgery of Hip Joint—Tuberculosis of Bones and Joints.

Prof. CHRISTIAN FENGER—Surgery of the Kidneys, Ureters, Brain and Spine.

Prof. J. B. HAMILTON—Hernia.

Prof. WM. T. BELFIELD—Genito-Urinary Diseases.

Prof. MOREAU R. BROWN—Nasal Surgery.

Prof. E. FLETCHER INGALLS—Naso-Pharyngeal Surgery.

Prof. A. E. HOADLEY—Orthopaedics.

Prof. FERNAND HENROTIN—Uterine Surgery.

Prof. J. ELLIOT COLBURN—Ocular Therapeutics.

Prof. GEO. F. FISKE—Mastoid Operations.

Prof. MALCOLM L. HARRIS—Operative Surgery on the Cadaver.

Prof. JAMES H. ETHERIDGE—Uterine Tumours.

Prof. ARCHIBALD CHURCH—Neuritis.

Prof. GUSTAV FUTTERER—Cholera: Demonstration of the bacilli.

Prof. F. C. HOTZ—Eye Diseases of Children.

Prof. HENRY BANGA—Puerperal Diseases.

Prof. JOSEPH M. PATTON—Diseases of the Heart and Kidneys—Pneumonia.

Prof. R. D. MACARTHUR & HENRY G. ANTHONY—Skin Diseases.

Prof. PLYM. S. HAYES—Electro-Therapeutics.

Prof. W. S. CHRISTOPHER—The Exanthemata.

Prof. JAMES H. MCBRIDE—Insanity.

Prof. HENRY M. LYMAN—Nervous Disorders of Digestion.

The new buildings and hospital, now completed, afford unequalled facilities.

For Announcement containing full information, apply to the Corresponding Secretary,

MOREAU R. BROWN, M.D., 174-176 Chicago Avenue, Chicago, Ill.

NOTE.—The Regular Clinical Course continues throughout the year.

# HYPOPHOSPHITED EMULSION OF COD LIVER OIL WITH LIME AND SODA.

Sold retail in \$1 bottles. Sold wholesale in 40-oz. quarts at \$1.75,  
and 80-oz. Winchester at \$3.00.

.. PREPARED SOLELY BY ..

GLADSTONE PHARMACY CO.

E. G. HODGSON, Phm.B., Manager.

\* \* \*

1204 QUEEN ST. WEST, TORONTO.

# Kenny's Celebrated Hair Restorer.

A VALUABLE East Indian remedy. Restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. 50c. and \$1 a bottle. Manufactured only by

SERGT.-MAJOR JAMES KENNY,

BRUNSWICK BLOCK,

370<sup>1</sup>/<sub>2</sub> College Street, TORONTO.

For Sale by Druggists and Manufacturer.

-:-

Orders by Mail promptly attended to.

**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

**60 COLLEGE STREET,**

**TORONTO.**

**DR. TEMPLE'S****Private Hospital,**

**BELLEVUE HOUSE,**

**87 BELLEVUE**

**AVENUE**

**TORONTO.**

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new  
**PRIVATE**  
**HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

**203 Simcoe Street, - - Toronto.**

**Orthopædic Surgeon****DR. BREMNER**

*M.D., Toronto University.*

*L.R.C.P. Edinburgh ('79).*

*Late Asst. Surg. N.Y. Hospital for Ruptured and Crippled.*

*Asst. Surg. Polyclinic, N.Y.*



**39 Bloor St. East**

(SOUTH SIDE)

**DR. BREMNER**, having spent several years in Great Britain, and as Assistant Surgeon to the N.Y. Hospital for Ruptured and Crippled, announces that he has opened an office as an **ORTHOPÆDIC SPECIALIST** at the above address.

All suitable accommodation for patients from a distance secured. Orthopædic instruments and appliances of the most modern type may be procured direct on application by practitioners.

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone Calcium Phosphate  $\text{Ca}_2\text{PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_3\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychnie, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of low vitality.

**Dose.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Druggists at One Dollar.



# NEW YORK POLYCLINIC AND HOSPITAL.

Session 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

- |   |  |
|---|--|
| <p><b>SURGERY—</b><br/>John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.</p> <p><b>MEDICINE—</b><br/>R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine-<br/>man, M.D.; J. Adler, M.D.</p> <p><b>GYN. ECOLOGY—</b><br/>W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.;<br/>H. Marion Sims, M.D.; Florian Krug, M.D.</p> <p><b>EYE—</b><br/>David Webster, M.D.; Emil Gruening, M.D.; Thomas R.<br/>Pooley, M.D.</p> | <p><b>EAR—</b><br/>Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.</p> <p><b>THROAT AND NOSE—</b><br/>D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris<br/>J. Asch, M.D.</p> <p><b>DISEASES OF CHILDREN—</b><br/>L. Emmett Holt, M.D.; August Seibert, M.</p> <p><b>DISEASES OF THE SKIN—</b><br/>A. R. Robinson, M.D.; Edward B. Bronson, M.D.</p> <p><b>NERVOUS DISEASES—</b><br/>Landon Carter Gray, M.D.; B. Sachs, M.D.</p> <p><b>OBSTETRICS—</b><br/>Edward A. Ayers, M.D.</p> |
|---|--|

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., ASST. SEC.,**      **L. EMMETT HOLT, M.D., SEC.,**  
214-218 East 34th Street, New York.

## Doctor

IF YOU WILL  
... INVEST

**\$10**

**In TWO AUTOMATIC  
DRIVING LAMPS**



They will make your night work a source of pleasure.  
Illustrated Circular on application.

**S. L. REEFY, M.D.,**

**EDINBURG, ILL., U.S.A.**

**R. M. MELVILLE**

**General Steamship and Railway Agent,**

**NEXT GENERAL POST OFFICE, TORONTO.**

**TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.**

**TELEPHONE 2010.**

## HOW TO READ With Comfort and Profit HOLLOWAY'S

READING STAND and  
DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the Century Dictionary. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



**ILLUSTRATED CATALOGUE FREE.**

**THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.**

**BATES & DODDS,  
Funeral Directors**

**931 QUEEN STREET WEST,**

**CORNER STRACHAN AVENUE,**

**TORONTO.**

**TELEPHONE No. 513.**



# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynaecology.

**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.

**C. W. COVERNTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. LEM. GRASETT, M.D., C.M.,** Edin. Univ.; F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M.,** Trin. Coll., and M.B., Univ. Toronto; Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

### LECTURERS, DEMONSTRATORS,

**NEWTON ALBERT POWELL, M.D., C.M.,** Trin. Coll.; M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery. Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M.,** Trin. Univ.; Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M.,** Fell. Trin. Med. Coll.; L.R.C.P., Lond.; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

Diseases of Children.

\_\_\_\_\_, M.D., M.R.C.S., Eng.; Member of the Acting Staff Toronto General Hospital.—18 Bloor Street.  
Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH,** Late Principal and Professor of Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherbourne Street.  
Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the Hospital, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

**CHARLES SHEARD, M.D., C.M.,** Fell. Trin. Med. Coll., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.  
Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S.,** Edin.; Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.  
Professor of Ophthalmology and Otolaryngology.

**LUKE TESKEY, M.D., C.M., M.R.C.S.,** Eng.; Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVIDSON, B.A.,** Univ. Tor., M.D., C.M., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M.,** Trin. Coll.; B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### INSTRUCTORS AND ASSISTANTS.

**A. Y. SCOTT, B.A.,** Tor. Univ.; M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A.,** Tor. Univ.; M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A.,** Tor. Univ.; M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.**—176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A.,** Univ. Tor.; L.R.C.P., Lond.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng.  
Assistants in Practical Anatomy.

**C. TROW, M.D., C.M.,** Trin. Univ.; L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.

**"H. V. C."**

(Hayden's Viburnum Compound)

IS ACKNOWLEDGED TO BE THE STANDARD PRESCRIPTION IN THE

# AILMENTS OF WOMEN

AND IN

## OBSTETRIC PRACTICE

By the great majority of the Medical Profession of the United States, without regard to pathics.  
Superior to Ergot in all cases.

**"H. V. C."**

Is employed in the following and most of the leading Hospitals with great satisfaction :

Enzworth Hospital, St. Joseph, Mo.  
Harper Hospital, Detroit, Mich.  
St. Mary's Hospital, Saginaw, Mich.  
Maternity Hospital, New York City.  
St. John's Hospital, Lowell, Mass.  
St. Francis Hospital, Jersey City, N.J.  
Columbia Hospital, Washington, D.C.  
Rhode Island Hospital, Providence, R.I.  
Woman's Hospital, 50th St., New York City.  
N. Y. Infirmary (Women and Children), 5 Livingstone Place,  
New York City.

North-Western Dispensary, 403 West 36th Street, New York  
City.  
City Hospital, Boston.  
Woman's Hospital, Boston.  
California Woman's Hospital, San Francisco, Cal.  
Pacific Dispensary, San Francisco, Cal.  
Children's Hospital, San Francisco, Ca.  
Kansas City Hospital, Kansas City, Mo.  
Alabama State Insane Hospital, Tuscaloosa.  
Presbyterian Hospital, Cincinnati, Ohio.

AND IN MOST REMEDIAL INSTITUTIONS.

The most distinguished Physicians in the United States prescribe and recommend

# HAYDEN'S VIBURNUM COMPOUND

Write only for **"H. V. C."** Put up in 4 oz., 10 oz. and 16 oz. bottles, and dispensed  
by all first-class pharmacists.

Send your address for our large Hand-Book. FREE to Physicians only.

**THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.**

# PANOPEPTON

## BREAD AND BEEF PEPTONE.

IN PANOPEPTON we present to the profession a new, complete and perfect Peptone, one which we are confident will meet every requirement. PANOPEPTON is the entire edible substance of prime, lean beef and best wheat flour, thoroughly cooked, properly digested, sterilised and concentrated in vacuo.

PANOPEPTON is, therefore, the quintessence of Peptones, containing all the nutrients of these two great types of food—beef and bread—fused into a delicious restorative.

PANOPEPTON is the food par excellence in all conditions where a fluid, quickly assimilable, agreeable and comprehensive nutriment is required.

Originated and manufactured by

FAIRCHILD BROS. & FOSTER,

NEW YORK.



For Table of Contents see Page

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, JANUARY, 1894.

[No. 6

## The Attention of Physicians

Is respectfully called to our preparation of

. . . **MALTINE WITH COCA WINE**

Combining the nutrient and digestive properties of Maltine with the powerful tonic and stimulant action of COCA ERYTHROXYLON. Largely and successfully used for relief of morbid conditions due to nervous exhaustion, and depression of spirits resulting from undue strain upon the mental or physical energies.

*Sample sent physicians on application.*

**MALTINE MANUFACTURING COMPANY**

TORONTO.



## Why Maltine with Cod Liver Oil Is so Largely Prescribed.

"If we can manage to enable a patient with Pulmonary Phthisis to assimilate Cod Liver Oil, tissue nutrition becomes so altered that development of tubercle is usually arrested."—DR. MILNER FOTHERGILL.

COD LIVER OIL is difficult of digestion, and the ordinary "Emulsions," instead of modifying, aggravate this trouble. Moreover, such Emulsions quickly decompose, and, administered in this condition, cause such disturbance of the digestive function as to prove a positive injury, rather than benefit, to the patient. Nausea and acid eructations are the consequence, and these are difficulties that beset the physician daily.

In the preparation of MALTINE WITH COD LIVER OIL, not only is the "vehicle" of equal constructive power, but *it promotes the assimilation of the oil itself*. By reason of the special process of blending the oil with the Malt, the oil globules are in a finer state of subdivision than those of the fat of milk, and are so in condition to be at once acted upon by the pancreatic ferments and immediately absorbed.

**Endorsed by the Medical Profession throughout the World.**

## FOR NURSING MOTHERS

# Wyeth's Liquid Malt Extract

Is particularly adapted, containing as it does all the Nutrient Properties of Malt, with the Least Possible Amount of Alcohol.

Fermented liquids prepared from malted grain have been in use from the earliest times, and have always been highly prized for their strengthening and nutritive properties. Hitherto, however, the large amount of alcohol in proportion to nutritious matter contained in the malt liquors of commerce has been a serious objection to their use, in many of the various forms of dyspeptic maladies, resulting from mal-nutrition, for which malt preparations are peculiarly adapted.

Recognizing this fact, Messrs. Wyeth have, after numerous experiments, succeeded in preparing a liquid malt extract possessing all the advantages of malt liquors, while it is not open to the objections so frequently and justly urged against their use.

It is especially adapted for administration to nursing mothers, to children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly to those unable to digest starchy food.

The diastase contained in our preparation of malt renders such food immediately soluble, by converting the starch into malt-sugar and dextrine, in which form they can be readily assimilated by the system, thus *creating* animal heat and aiding the formation of fat.

Probably its greatest value is as a beverage, during lactation, as it not only supplies strength to meet the unusual demands upon the system at that time, but improves the quality of the milk by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of secondary depressant effect, so frequently experienced from the administration of spirituous remedies, the ordinary dose of a wineglassful representing less than three grains of alcohol and over one hundred and twenty-five grains of nutritious extractive matter, rich in diastase, preserved by our peculiar process of preparation; while in the malt liquors it is rendered inert by the boiling to which they are subjected during manufacture.

We claim that WYETH'S LIQUID MALT EXTRACT will be found to contain all the nutritive virtues of the best malt liquors, in a higher degree than any of the largely sold liquid malts with which we have compared it, while it is free from the stimulating effect which invariably follows their administration.

**Davis & Lawrence Co. (Ltd.), Montreal, General Agents.**

# SURGEONS' OPERATING CUSHIONS.

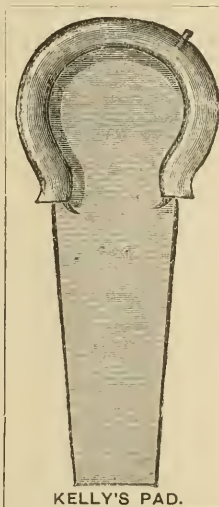
**KELLY'S PADS,**  
TWO SIZES.

**CRANDALL'S**  
**OBSTETRICAL**  
**BED PANS.**

**PERINEAL**  
**CUSHIONS.**

**BED PANS**

WITH OUTLET TUBE  
WITHOUT OUTLET TUBE  
WITH LARGE OUTLET  
ROUND AND OVAL.



KELLY'S PAD.

**HOSPITAL CUSHIONS,**  
**HOSPITAL SHEETS.**

**SURGEONS' APRONS,**  
**SURGEONS' GLOVES.**

**AIR PILLOWS AND CUSHIONS,**  
**WATER PILLOWS AND BAGS.**

**AIR BEDS,**  
**WATER BEDS.**

**EVERYTHING IN RUBBER.**

## THE TORONTO RUBBER CO., LTD.

**WRITE US FOR PRICES.**

**28 KING ST. WEST, TORONTO**

# CONTENTS.

	PAGE		PAGE
<b>EDITORIALS:—</b>		<b>BOOK NOTICES</b>	214
The Professional Tax .. .. .	193	<b>PAMPHLETS RECEIVED..</b>	216
Canadian Medical Association .. .. .	194	<b>AN EPITOME OF CURRENT MEDICAL LITERATURE:—</b>	
Cosmetics .. .. .	194	MEDICINE: Diphtheria—The Treatment of Tic-Dou-	
<b>EDITORIAL NOTES</b> .. .. .	196	loureux .. .. .	216
<b>BRITISH COLUMBIA</b> .. .. .	196	To Keep Baby's Milk—Gastro-Intestinal Exhaustion—	
Phlebitis Following Appendicitis and Pleuro-Pneumonia.		Nitrate of Strychine in Alcoholism .. .. .	217
By Edward Hasell, M.R.C.S. Eng. .. .. .	197	On the Treatment of Seminal Incontinence.. .. .	218
Death from Anaemic Necrosis. By W. O. Richardson,		<b>SURGERY: How to Give a Fomentation—Syphilitic</b>	
M.B. Tor. .. .. .	198	Spinal Paralysis .. .. .	222
<b>PRINCE EDWARD ISLAND:—</b>		Hæmatoma of the Liver .. .. .	223
Medical Council .. .. .	199	<b>GYNÆCOLOGY: Hydrastinine in Uterine Hæmorrhage..</b>	224
Medical Men—Their Fees and Remedies at Law .. .. .	199	<b>PERSONALS</b> .. .. .	226
<b>ORIGINAL COMMUNICATIONS:—</b>		<b>OBITUARY:—</b>	
A Bloodless Operation for Hæmorrhoids. By Thomas		Dr. Rolph Lesslie .. .. .	225
H. Manley, M.D., New York .. .. .	200	<b>MISCELLANEOUS:—</b>	
Floating Kidney—Nephropexy. By W. J. Hunter		Undeveloped Mamme and Irregular Menstruation with	
Emory, M.D., Toronto .. .. .	202	General Debility—Recent Coryza .. .. .	227
Diseases of the Stomach .. .. .	203	Tonic Following La Grippe—Antiseptic Varnish—For	
<b>MEETINGS OF MEDICAL SOCIETIES:—</b>		Ordinary Winter Cough—Dangers of Subcutaneous	
Brant County Medical Association .. .. .	209	Injections of Phioicarpin .. .. .	228
Annual Meeting of the British Laryngological and Rhi-		Bronchial Affections—Napoleon the First's Medical Ad-	
nological Association, Friday, December 8, 1893.. .. .	210	visers .. .. .	229
<b>CORRESPONDENCE:—</b>		Nose Salve in Atrophic Rhinitis.. .. .	230
Dr. Sangster Continued .. .. .	211	<b>BIRTHS, MARRIAGES AND DEATHS</b> .. .. .	230
Dr. Lovett .. .. .	213		

✍ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

✍ Subscription \$2 per annum (outside of Ontario and British Columbia).

**AT THE WORLD'S FAIR, CHICAGO.**

# NESTLE'S MILK FOOD

Has received the Highest Awards.

## MEDAL AND DIPLOMA

THIS IS THE HIGHEST AWARD THAT CAN BE GIVEN  
ANY EXHIBITOR.

Note. — **NESTLE'S FOOD** has received Forty-Eight First Awards at different  
Expositions, a larger number than has been received  
by all other Infant's Foods combined.



# All Women Talk

About their Doctors. If you relieve one, twenty know it. ASPAROLINE COMPOUND will relieve the women who suffer from functional Dysmenorrhœa and Leucorrhœa, and they'll talk about it. We'll send you enough ASPAROLINE COMPOUND free to make one woman talk. May we do so?

Each fluid ounce containing: Diluted Alcohol; Guaiacum, 30 grains; Asparagus Seed, 30 grains; Parsley Seed, 30 grains; Black Haw (Bark of Root), 60 grains; Henbane Leaves, 6 grains.

SAMPLES CHEERFULLY FURNISHED PHYSICIANS UPON APPLICATION.

## HENRY K. WAMPOLE & CO.,

Pharmaceutical Chemists, ~ ~ ~ Philadelphia, Pa.

BRANCH: 36 and 38 LOMBARD STREET, TORONTO, ONTARIO.

### "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
 IT will not blow out.  
 IT gives a clear white light.  
 IT looks like a locomotive head light.  
 IT throws all the light straight ahead, from 200 to 300 feet.  
 IT burns kerosene.

Send for book.  
**R. E. DIETZ CO.,**  
 60 Laight Street, N. Y.



ON account of Canadian purchasers having to pay duty, we will sell single lamps to them at the lowest wholesale price.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

## GEO. W. COOLEY, 567 Yonge St., Toronto,

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskies for Invalids a Specialty.

**COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.**

# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the convolvulus scammonia of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin or Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gt. x.  
Hyd. Subchlor .....gt. ii.  
Fiat pulv.  
Sig. —. H. S. S. —.

The small quantity of **VERMIFUGIN** required to test the existence of worms, and to remove them from the system in a few hours, together with the certainty of its efficacy, makes it one of the most valuable remedies in use.

**VERMIFUGIN** can be obtained from any Wholesale Drug House in the Dominion, or direct from the Manufacturers,

**JOHN C. GRAY & Co.,**  
**MANUFACTURING APOTHECARIES,**  
**TORONTO, CANADA.**

N.B.—Physicians who keep a stock of medicines on hand may obtain **VERMIFUGIN** direct from the Manufacturers at same price that it is supplied to retail druggists, viz.: **\$1.00** per ounce bottle.

# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine.  
—CHARLES F. HEEBNER, Ph.G., Phm.B., *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS and LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,

BROCKVILLE, Ont.

# LE PAGE'S HYPOPHOSPHITES

## Syr. Comp. Improved.

**ESTABLISHED 1885.**

THIS Syrup contains the Hypophosphites of Iron, Quinine, Strychnia, Manganese, Lime and Potash, combined in an agreeable and palatable syrup, acceptable to the stomach, and comprises all the elements essential to the animal organization known to science. It will be found a very valuable remedy in the treatment of

**Pulmonary Tuberculosis, Bronchial Affections, and all Affections of the Respiratory Organs, also in Debilitating and Nervous Diseases.**

This preparation being prompt in its stimulating action, entering into the circulation, promotes digestion and assimilation and removes depression and melancholy, hence its great value in mental and nervous diseases.

In ordering, **Please Specify Le Page's.** Price: Small size, 50c.; Large Bottles, \$1.00. Also in 80 oz. Winchesters for dispensing.

**OFFICE, 18 FRONT ST. WEST, TORONTO.**



The American Antipyretic, Analgesic and Anodyne.

# Antikamnia

— OPPOSED TO PAIN. —

Gives Desired Results in the Crises of Locomotor Ataxia, Neuralgia, Sciatica, Rheumatism, Pneumonia, Menstrual Neuroses, Typhoid and



In *Grippe*

NO DRUG HABIT INDUCED—NO TOXIC EFFECT

SEND TO THE ANTIKAMNIA CHEMICAL COMPANY, ST. LOUIS, MO., FOR SAMPLE MAILED IN "VEST POCKET BOX," FREE. SPECIFY ANTIKAMNIA (GENUINE) ON YOUR PRESCRIPTIONS.

"The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated."—*Courier of Medicine.*

A SUCCEDANEUM FOR MORPHIA.

## ELIXIR ALETRIS CO.—E.B.S.

**STRENGTH.**—Each fluid drachm contains the active constituents of Aletris Farinosa, 10 grains; Viburnum Prunifolium, grains; and Cimicifuga Racemosa, 2½ grains.

THIS combination was designed to meet the requirements of gynecological practice by supplying a uterine sedative which could be used in place of Potassium Bromide, and which would not be open to the well-known objections that have been urged against this salt. The testimony received since this elixir has been before the profession is sufficient to warrant the assertion that it has fulfilled admirably the required purpose, while a secondary tonic action, due to the Cimicifuga, renders the combination pre-eminently valuable.

Its use is specially indicated in case of a tendency to abortion, and may be continued during the entire period of gestation.

**T. Milburn & Co.,**  
WHOLESALE AGENTS,  
TORONTO.

FOR

## Dysentery and Diarrhœa

OF CHILDREN

**R** latrol - gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

**Dr. J. H. Sackrider, of East Randolph, N. Y.,** says: "The first case in which I used latrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use latrol in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in *very warm* water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

**CLINTON PHARMACEUTICAL CO.**  
Manufacturing Chemists Syracuse, N. Y.

CANADIAN BRANCH: BELLEVILLE, ONT. • P. O. BOX 54.

# Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1894-95.**

The REGULAR SESSION begins on Monday, September 24, 1894, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 25, 1895, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

# Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.  
J. CLIFTON EDGAR, M.D., - H. McJ. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

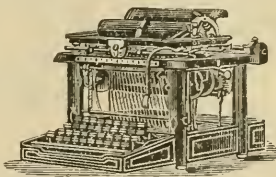
For further information apply to

CHARLES FORD, Superintendent,

314 Broome St., New York City.

Special instruction upon the manikin given by the attending physicians.

1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.

✍ MACHINES RENTED. - OPERATORS SUPPLIED. ✍

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, TORONTO.



# 1894 COLUMBIA BICYCLES



**A**S years go by, and bicycles approach nearer to perfection in design, construction, and speed qualities, the Columbia, which for the 17th year is offered for your consideration, easily maintains its position and reputation as the standard bicycle of the world.

High up in the scale of public favor as Columbias have always stood, the 1894 models of these popular wheels will place them on a still higher plane. The complete organization of the Columbia establishment, which to-day affords every possible facility for turning the raw materials into the finished product under our own immediate supervision and inspection, with our splendid force of trained heads and hands, all inspired with ambition for continued improvement both in quality and design, have combined to make our wheels a distinct triumph in bicycle construction, representing in the highest degree an artistic unity of lightness, strength, and grace; while at the same time, through the greater perfection and efficiency of our special machinery, and the combining of all departments of the work under one head, we secure greater economy in construction, and so are enabled to place our wheels on the market at a lower price than was ever before quoted for the highest grade pneumatic safety bicycle.

*Our illustrated catalogue is the most beautiful and comprehensive book ever issued by a bicycle establishment, and should be in the hands of every intending purchaser of a wheel. It is free at Columbia agencies, or mailed for two 2-cent stamps. Address CATALOGUE DEPARTMENT.*

*You should have on your writing table or desk a Columbia Pad Calendar. A leaf for every day—ample room for memoranda—bright, attractive, dainty, both ornamental and useful, the most convenient calendar issued, and mailed for seven 2-cent stamps. Address CALENDAR DEPARTMENT.*

IN WRITING, MENTION THIS MAGAZINE.

FACTORIES  
HARTFORD,  
Conn.

POPE MFG. CO  
221 Columbus Ave  
BOSTON

BRANCH HOUSES  
12 Warren St New York  
291 Wabash Ave CHICAGO



# DR. WILLIAM A. HAMMOND'S PRIVATE = HOSPITAL



—FOR—  
DISEASES  
OF THE  
**NERVOUS SYSTEM**  
WASHINGTON, D. C.

The Hospital is situated on Columbia Heights, at the corner of Fourteenth Street and Sheridan Avenue. The position is the highest in the immediate vicinity of Washington. The soil is dry and all the surroundings are free from noxious influences. The Fourteenth-street cable cars run almost to the door. The building is very large, and in its construction every sanitary requirement has been fulfilled. The number of patients is limited to twenty. Electricity in all its forms, baths, douches, massage, inhalations, nursing, etc., are provided as may be required by patients, in addition to such other medical treatment as may be deemed advisable. The building is heated throughout by steam. For further information DR. HAMMOND can be addressed at the

**Hospital, 14th St., and Sheridan Ave., Washington, D.C.**

---

## The CHARLES ROGERS & SONS CO., Ltd.

**97 YONGE STREET, TORONTO.**

---



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

**97 YONGE STREET, TORONTO, ONT.**

# CANADIAN MEDICAL PRACTICE AND PARTNERSHIP OFFICE.

ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

**FIFTEEN PRACTICES, including residence and offices, many being the choicest and best openings. Income ranging from \$1,000 to \$5,500 a year.**

**G**ENTLEMEN wishing to secure the aid of the Office in disposing of good openings and residences, or desire a choice of those practices entrusted to it, are required to enter the fullest details of properties for sale, or what kind of practice they wish to buy, upon blank forms of Register, accompanied by a fee of \$5 to pay for advertising, postage, telegrams, etc. No commission is expected until sale or purchase is made. Replies can only be made to letters *which enclose stamps*. Strictest privacy, confidence and honour in all transactions is given and expected.

**\$500 cash, and balance to suit, will secure a snug northern town practice and property at \$1,200.**

**\$500 cash will secure a good practice in western town, with a paying drug business attached, for value of drugs. A fine opening for those desiring an easy and well-paying town practice.**

**\$1,000 cash and balance of cost of property will secure with it a \$2,000 practice and good official appointment in a large western town. Owner going to Europe desires a successor at once.**

**Snug practice of \$1,800 in village in central part of Western Ontario; thoroughly established. Will sell property, worth \$2,000, on very easy terms, or will lease with cash bonus of \$250. This is in the richest part of Ontario.**

**\$2,000 a year and comfortable house, in northern village, may be secured for \$500, part cash.**

**Fine village practice, in richest farming community, oldest part of Province; long-established practice; nearly \$2,000; no bad pay; competition slight; very comfortable house and property for \$2,500. \$1,000 cash; balance to suit purchaser.**

**Three Toronto openings, with practices from \$1,000 to \$8,000. Particulars on personal application to the Office.**

**Only two openings left of the four choice, really good openings for active young practitioners looking for a chance to make \$1,000 to \$1,500 a year. Choice for \$100 cash.**

## MANITOBA . . .

**\$100 will secure either of these: Fine opening in Southern Manitoba, where \$1,200 can easily be made the first year. No opposition. 200 population and radius of twenty-five miles.**

**Good opening in best settled part of Manitoba on main line C. P. R. Only one doctor and plenty of work for two. Both splendid openings for active beginners.**

## BRITISH COLUMBIA . . .

**\$500 cash will buy in live town, richest agricultural part of Province, succession to a good living practice. Should easily net \$2,000, and will give good introduction. Official positions of value. Good chance, opposition not great. Principal going to England. Choicest town in B.C.**

## NOVA SCOTIA . . .

**A good \$3,000. practice in seaport town for price of property. Cash required, \$1,500. Large section of country, well settled. Principal desires to go south for his health. Excellent chance for an active Nova Scotian.**

**An admirable chance to secure a first-class town practice. The succession to a leading practitioner's long-established practice, with handsome residence and choice clientele; good introduction. Property, \$3,000; practice, \$2,000. Only \$1,000 cash required on price of property.**

**Splendid unopposed, long-established practice, in rich part of Province, with excellent introduction. No doctor within six miles. \$500 cash on cost of property.**

**\$800 cash, on \$1,600 property, will secure a splendid opening. \$2,500 to \$3,000 a year; large field; good introduction; established practice. Principal not well, retiring.**

**Assistant Wanted.**—Young, active, good address, for few months, who would purchase succession to \$2,000 unopposed practice in western village. Terms, \$300; payable half cash, balance out of practice.

**Unopposed practice; good chance; make \$1,500 easily; western village; good introduction; \$300.**

**\$500 cash, on property, will secure unopposed practice; \$2,500 a year; long established; well settled; roads good.**

**\$3,000 practice, in electric-lighted, smart town, with Railroad Surgeon's appointment and fifteen best Insurance Companies; with fine house. Cash required. \$2,000 as first payment.**

**In Alberta.**—An excellent opportunity to secure a very comfortable practice. Progressive town, good introduction, terms easy, fees high, pay good.

**Wanted.**—An experienced practitioner will be glad to hear of a good established practice in a prosperous town. Will purchase property.

**An active young practitioner desires to hear of a good opening where not much money is required.**

**Wanted.**—A practice in B.C. town of some importance, of \$3,000 or \$4,000—or one which would soon reach that if well worked.

**Wanted.**—In N.S., N.B., or P. E. I., a thoroughly established practice of \$4,000 to \$5,000, by a gentleman having European qualifications of the highest kind. Can pay \$2,000 cash upon property or for a retiring partnership. Apply immediately.

Besides these, I have almost daily enquiries for good openings from gentlemen expecting to graduate in April. Those enjoying well-established practices desiring to sell or get purchasing partner, should send me full details at once to obtain the advantage of the numbers who will then, and are now seeking eligible locations. Gentlemen requiring Assistants or Office Students should apply without delay.

Three gentlemen, with foreign qualifications, always ready to act as *locum tenens*.

Letters must be direct from medical practitioners only, and must enclose stamp for reply, otherwise they will be unnoticed.

Address—

**DR. J. E. WHITE, 185 CARLTON STREET, TORONTO.**

# D. APPLETON & CO.'S PERIODICALS.

---

.. THE ..

NEW YORK JOURNAL

.. OF ..

## Gynæcology and Obstetrics

ISSUED MONTHLY.

EDITED BY

A. H. BUCKMASTER, M.D.

J. D. EMMET, M.D.

WITH THE FOLLOWING COLLABORATORS :

THOS. ADDIS EMMET, M.D.

A. J. C. SKENE, M.D., Brooklyn.

T. GAILLARD THOMAS, M.D.

W. H. BAKER, M.D., Boston.

HOWARD A. KELLY, M.D., Baltimore.

J. C. REEVE, M.D., Dayton.

CHARLES JEWETT, M.D., Brooklyn.

E. C. DUDLEY, M.D., Chicago.

*The Official Organ of the* : : :

: : *New York Obstetrical Society.* Yearly Subscription, \$5.00. Single Number, 50c.

SAMPLE COPIES SENT ON APPLICATION.

NEW YORK:

## D. Appleton & Co., Publishers.

CANADIAN AGENCY:

GEO. N. MORANG, Manager.

The ..

## New York Medical Journal.

A WEEKLY REVIEW OF MEDICINE.

EDITED BY

FRANK P. FOSTER, M.D.

VOLUMES BEGIN IN JANUARY AND JULY.

Subscription price, \$5.00 per annum.  
Single Number, 10 cents.

Journal of ..

## Cutaneous and Genito-Urinary Diseases.

(Published Monthly.)

EDITED BY

JOHN A. FORDYCE, M.D.

Subscription price, \$2.50 per annum.  
Single Number, 25 cents.

The ..

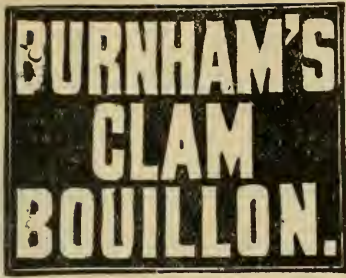
## Popular Science Monthly.

EDITED BY

WILLIAM JAY YOUMANS.

63 YONGE STREET, TORONTO.





## A Food That Takes One Back To First Principles.

### WHAT IS IT?

A concentrated, palatable liquid, extracted from the quohaug or Clam, a low form of animal life, put up in bottles only, and sterilized so as to keep in any climate indefinitely. It is composed principally of phosphorus, lime and sodium, making it more closely allied to the gastric juices of the stomach, and is of such a nature as to be nearly self-digesting, and is quickly assimilated. Persons apparently upon the very verge of dissolution have been known to revive after the administration of a spoonful or two of **Burnham's Clam Bouillon**, taken hot, every few minutes, and started on the gradual road to recovery.

It is quieting to the nerves, as it seems to affect the brain almost instantly, producing a desire for natural sleep, and its effect in that respect is further noticeable in cases of alcoholism, which difficulty it will overcome entirely in a very short time. Nothing better can be used in all forms of gastric troubles, where a food is wanted that possesses properties that can be easily retained by the stomach, that is pleasing to the taste, and not offending to the patient in the least degree. Nature seems to have combined in the elements of the Clams properties of great value, and being a departure from the general line of food products, and so simple, there is no excuse for refusing to try it. You will find it a very acceptable change from the long list of Beef and other food products now offered.

It is put up in three sizes of bottles, that retail at 25c., 50c, and \$1.00 respectively, and is handled by all first-class druggists and grocers. **Never order Clam Bouillon for a sick person unless it is put up in glass bottles.** Physicians who desire to try it will be supplied with a bottle and further information free upon application to the

**E. S. BURNHAM COMPANY, 120 Gansevoort St., N.Y. City.**

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## COD LIVER OIL AND IRON

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

\*

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

Put up and sold only by

## Ferrol Manufacturing Co.,

Retail by all Druggists . . .

HEAD OFFICE:  
**205 SPADINA AVE., TORONTO.**

# “Vinolia”

EMOLLIENT  
SAFE and  
PURE

FOR SENSITIVE  
SKINS

# Soap

Premier, 15c.; Floral, 20c.; Balsamic, 25c.; Toilet (Otto), 35c.;  
and Vestal 85c. per tablet.



# “VINOLIA”

THE CHOICEST OF

# CREAMS

For itching, face spots, eczema, chaps, chilblains, skin irritation,  
etc., etc.

**RELIEVES ITCHING AT ONCE**

“An emollient cream for the skin in eczema, rash, eruptions, etc.”—*Lancet*.

50c., \$1.00, and \$1.75 per box.

# “VINOLIA” POWDER

**SOLUBLE, SOOTHING, SAFE**

For Toilet, Nursery, Perspiring Surfaces, Redness, Roughness,  
etc., etc.

“An impalpable rose-dusting Powder; soluble, of remarkable fineness, and well  
adapted for the nursery, toilet, weeping surfaces, etc.”—*British Medical Journal*.

50c., \$1.00, and \$1.75 per box, in Pink, White, and  
Cream tints.



# BLONDEAU & CIE., 73-77 Watts St., NEW YORK

ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.



# CHEKAN

IN THE TREATMENT OF

## WINTER COUGH.

---

Dr. Murrell, of the Royal Hospital for Diseases of the Chest, London, states as follows :

“Myrtus Chekan I have tested in fifteen cases of chronic bronchitis, all the patients with one exception being men. The age of the woman was 51; the ages of the men ranged from 36 to 58. They were all bad cases, most of them of many years' duration. Many of them had been attended at the hospital for some considerable time, and almost without exception they had in former years undergone much medical treatment with comparatively little benefit. Their occupations exposed them to cold, and wet, and draught, and in some instances they had the additional disadvantage of working in a dusty atmosphere. They complained chiefly of paroxysmal cough, with thick, yellow expectoration, and much shortness of breath on exertion. On physical examination of the chest, emphysema was detected, with or without a little rhonchus of the bases behind. *They were, in fact, ordinary cases of winter cough.* The fluid extract of Chekan was ordered in two-drachm doses in a little water every four hours, the dose being usually increased at the expiration of a week to half an ounce. The medicine was always taken without difficulty. In all cases the patient obtained some benefit, and in most instances the relief was very marked. There was in a few days a decided improvement in the cough, expectoration was from the first easier and soon diminished in quantity, and finally the dyspnœa was less.”

---

Clinical reports from private and hospital practice promptly forwarded upon request,  
and samples to physicians who will defray expressage.

---

**PARKE, DAVIS & CO.,**  
**WALKERVILLE, ONT.,**

DETROIT, NEW YORK, AND KANSAS CITY, U. S. A.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

*All Communications should be addressed to the editor, 147 Cowan Avenue, Toronto.*

VOL. II.]

TORONTO, JANUARY, 1894.

[No. 6.]

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### THE PROFESSIONAL TAX.

As an editorial acrobat who "attitudinizes on the trapeze," we must give thanks to Dr. Sangster for his approbation of our powers, but we feel sure that in the judgment of our readers we are a long way behind himself on the bar. As an editorial writer, who tries his best to do justice to all communications, we certainly claim the palm for courtesy from the Doctor. At a civil request from us, accompanied by reasons showing the policy for shortening his, he holds over our heads that terrible sword of Damocles—the public press. No doubt we did ask and did wish for his communications to be printed in the medical press, and we still wish it, but we did not count on having three pages occupied. We were taken up in decidedly the wrong spirit, as we had no intention of dictating as to their length, simply expressing a desire for shorter ones.

If we were the acrobat we are made out to be in this line, nothing would please us better than to have such paragraphs as the first two, but as it is the same fault that we have complained of before, it is not necessary to notice it. We would kindly ask to have noted that more than a column is taken up with matter entirely extraneous

to the Council and the Council's actions. As a question of justice in connection with any tax, the three conditions laid down are very nicely given. The great trouble about them is not in the conditions themselves, but in the inferences deduced from them.

We certainly differ from him in the fact that the tax does not touch all benefited alike. In a former note on the subject, we showed conclusively that the great benefit of the Council was for the profession and the public. The latter being only directly interested, are the ones, of course, to suffer the tax. To assess the public and the schools would be quite as fair a proceeding as for the Toronto city council to levy an impost on Port Perry inhabitants for their own maintenance. As an expedient in its initiation, there is not the slightest doubt that it was necessary for the carrying on of the Council, which must be kept up, and the increase of expenditure by the increase of its work, required the levy to still go on.

The third condition is embodied in the first, as justice admits the necessity. That there was and still is this need, even our correspondent himself cannot deny if he cares to read the treasurer's statement. The great increase, legal and required, in the expenses to carry out the proper work of the Council, is never taken into consideration by any of the Medical Defence Association. One item

quoted will example the rest—the enlarged size and enlarged circulation of the annual announcement.

The second condition refers to the constitutional assessment and spending of the proceeds of the tax. That the tax was constitutional in its assessment till this year, when it was disallowed by the Legislature, is beyond question. This condition was not and is not affected by the action of the Legislature, as unconstitutionality, if we may use the word, was not the reason given for deferring it. Simply one clause was held in abeyance till the appointment of a new Council in order to get a definite view of the feelings of the medical electorate. If it were not constitutional, why did not the Committee repeal it altogether, and touch on as well all the other clauses in the Act referring to this tax which were left severely alone?

As to the expenditure of the tax by properly-appointed authorities, if that is necessary, the clause is certainly fulfilled. The representatives elected and appointed according to the law invariably handled the funds. Does our correspondent that there was or is any more properly-constituted authority than this body itself?

All taxes like all comparisons are odious, whether inflicted on account of income or land or profession, and we entirely agree there with Dr. Sangster, but the odiousness does not at all take away from it the justice, the constitutionality or the necessity of the tax whatever it may be.

Dr. Sangster finally makes a mistake and a decided one when he says that the members of the Council used opprobrious epithets, etc., in speaking of the M.D.A. Surely he will remember the fact that the Council as a body offered their Association more changes and inducements than they got by their appeal to the Legislature.

#### CANADIAN MEDICAL ASSOCIATION.

A good many years ago it occurred to some of the members of the profession in the Dominion that there should be a way of forming a closer bond of union among the doctors in all the provinces. With that object in view a Medical Conference was called, with delegates from each of the provinces, to consider the matter. They met in the Hall of Laval University, Quebec, on Wednesday, October 9th, 1867. Dr. James Arthur Sewell, President of the Quebec Medical Society, was in

the chair. Dr. Alfred Belleau acted as secretary.

After some preliminary business had been transacted, Dr. Wm. S. Harding, of St. John, N.B., moved, seconded by Dr. Wm. Marsden, of Quebec, "That it is expedient for the medical profession of the Dominion of Canada to form a medical association, to be named the Canadian Medical Association." Carried.

The first President of the Association was Hon. (now Sir) Charles Tupper, of Halifax, N.S.

Thus commenced an organization, the value of which cannot be over-estimated by the profession of this Dominion. Since then large and successful provincial societies have sprung up, and it has been thought that the work of the Canadian Medical Association had been completed. Fortunately for the profession generally, this opinion has been held by but a limited number, and up to the present all attempts to curtail its usefulness have failed. During the last few years there has been much enthusiasm over the meetings, and the attendance has been large. Next year the meeting will be held in St. John, N.B., some time in September, and if united effort can do anything the members of the profession in the Maritime Provinces intend to make this one of the most successful meetings the Association has ever known.

#### COSMETICS.

How often it is that upon recommending some application to the face we are met with the question, "But, doctor, are you sure that it will not injure the skin?" Tracing this back to find out why such an impression prevails, we too often find that the general practitioner, indulging in generalities, has advised against the use of *facial medication*, because it injures the complexion, or because it may drive in the eruption, if there be one, and cause some constitutional malady which, as yet, we have been unable to classify in our nomenclature. It is well that such impressions should exist concerning *quack nostrums*, for these used without knowledge of their action may do an immense amount of harm, even though in themselves they may be valuable remedies for certain cases.

Recently a paper was read on this subject by R. B. Morison, of Baltimore, before the American Dermatological Association, and it subsequently appeared in the *Journal of Cutaneous and Genito-*



*Urinary Diseases.* We thought that some of the points therein contained would be useful to our readers.

The importance of knowing how to make an application properly is emphasized. For example, for the removal of freckles he uses the following formula :

R Hydrarg. bichlor. .... gr. vii.  
Aqueæ destill. .... ʒvi.  
Sp. camphoræ ..... ʒjs.  
Aqueæ rosæ ..... ʒv. ℥

Three or four thicknesses of linen cut to cover the seat of freckles, are moistened with the solution, and are placed upon the face at night until they dry, when they are taken off. Whatever remains on the skin is left there till morning and then washed off. When this application has been made for a few successive nights, the part becomes red and the epidermis begins to peel off in fine scales. Then he recommends the use of an ointment :

R Cetacii.  
Cerae alb, āā ..... ʒi 3/4.  
Ol. amygdalæ ..... ʒ3 1/2.  
Hydrarg. ammon. chlor. .... gr. 2i.  
Acid salicyl ..... gr. 15. ℥

This may be used night and morning—the application being made by gently rubbing the paste over the face with a clean finger for five minutes at a time. He tells us that, by the use of the lotion for four nights followed by a week's application of the salve, the freckles disappear. It may be necessary in particularly obstinate cases to repeat the treatment. The great thing, however, to be accomplished in these cases is to prevent a return. For this purpose he recommends Hebra's (princess) water to be used alternately every night with the salve mentioned above.

He advises that a weekly use of spiritus saponis kalinus (soft soap, 2 parts, S.V.R., 1 part) instead of other soaps, in those who have a poor complexion. To apply it, steep some absorbent cotton in warm water; the soap is then put on the cotton, with which the face is gently rubbed for five minutes. It should all be washed from the skin in warm water, after which a simple powder of equal parts talcum and carbonate of magnesia is dusted on and left there for the remainder of the night. In these cases, during the winter months, it may

be necessary to resort to some application, and there is none better than the following :

R Ac. salicyl. .... ʒi.  
Aq. rosæ ..... ʒvi.  
Sodii. bibor., q. s. ut ft. sol.  
Glycerine ..... ʒi.  
Filter.

Linen cloths are moistened with it and applied to the skin upon which they are allowed to dry at night; while during the day the lotion is gently rubbed over the skin and allowed to dry there. He says that several cases of obstinate punctate red acne have yielded to this lotion, and that in some cases of urticaria where it was used, decided improvement took place.

Electrolysis has for a long time been used for the removal of superfluous hair; Dr. Morison has given it up, and in its stead uses equal parts of yellow sulphate of arsenic and quicklime, made into a paste with hot water. This is applied to the hairy skin and allowed to dry. It is said to remove the hair for ten to twenty days and sometimes permanently. Electrolysis is, however, of service in getting rid of strong hairs growing from moles, in the removal of moles themselves, of angiomas, etc.

For the removal of warts the following is recommended :

R Hydrarg. bichlor. .... gr. v.  
Acid salicyl. .... ʒi.  
Collodion ..... ʒi. ℥

This is applied every day, the upper crust of the previous application being removed before a fresh one is made. Usually after four applications the wart becomes so softened that gentle traction will remove it painlessly. If a further dressing is required, a 5 per cent. salicylic-lanolin ointment is all that is necessary.

In those unsightly cases in which there is a chronic indurated acne, the galvanic current is of great service. It should be used about three times weekly and in the intervals the solution of soda and salicylic acid may be applied. About six weeks are necessary to effect a cure.

For the benefit of those who are especially *cosmetically* inclined, we may mention that the galvanic current is a most excellent substitute for *rouge*, and will produce a natural blush that no amount of rubbing can remove.

## EDITORIAL NOTES.

The primary and final examinations of the College of Physicians and Surgeons will commence on Tuesday, the 10th of April, in Toronto and Kingston. All information may be had on application to the Registrar, Dr. Pyne.

We have received a letter from Dr. J. M. Cotton, of Lambton Mills, criticizing the circular letter of Dr. J. H. Sangster, of Port Perry, issued to the profession of his district as election literature. It unfortunately arrived too late for this issue, but if the writer be satisfied it will get its due space next month.

In our last issue there was an editorial note referring to newspaper advertising by medical men with reference to a special case. We are pleased to learn that the article referred to was inserted without either the consent or the desire of the physicians whose names were mentioned, and that they were greatly annoyed at any such publicity.

Those who make the charge that the Homœopathic school and university representatives vote as a unit in the Council, might well examine the records of the Council and thus find that such is not the case. Indeed, in no vote or division that has ever taken place in the Council has such a thing occurred. In fact, the interests of the Homœopaths are the interests of the general profession, and they have always been found in the Council on the side of those who desired to elevate the standard of matriculation and graduation.

That the law never contemplated the Council becoming the holder of real estate for speculation purposes, is a true statement. The needs of the Council to secure ample accommodation for the examination of students, made the erection of a building such as we have at present absolutely necessary. The time may come when the profession of this province will be sufficiently wealthy to have a building solely devoted to the uses of the profession, but at present such is not the case. This we think is the one above all others that is absolutely wrong. In the next issue of the JOURNAL will be given a short history of the events that led up to the erection of the present edifice.

In the death of Dr. Rolph Lesslie, son of ex-Postmaster Lesslie, of this city, Canada loses a young man whose ability won him many honours abroad. Like many other Canadians, he was venturesome, and knew Africa and the East like a book. Kings decorated him for his services, and scientific men everywhere honoured him for the excellent work he did in many fields. Toronto University has reason to be proud of such a graduate, and his memory should be honoured by that school, the reputation of which he amply sustained wherever he went. The friend of Sir Richard Burton, one of the greatest among Englishmen, and the trusted confidant of the King of the Belgians, Dr. Lesslie was better known on the other side of the Atlantic than he was in his own home, yet he will long be remembered in Toronto as a man who promised much, but died in the zenith of a brilliant career.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

Our attention has been directed to the "British Columbia Pharmacy Act, 1891," now in force, and more especially to Sec. 26, which is as follows: "Any person who presents a prescription to any qualified druggist to be filled, shall be entitled to have such prescription returned to him by such druggist."

The question as to the ownership of a prescription is not to be argued in this article. In our opinion it is exactly the same as any other business order, and is given the patient, both to save the time of the physician, and to have skilled or special services in dispensing. We hold that it is a single and definite order for a certain druggist to make up a certain quantity of medicine, in a certain manner, and for a certain person or persons, after which this order is to be filed, and a copy of it kept in a book for the convenience of reference. We believe that the question of giving a *copy* to the patient may possibly admit of argument, but having the *original* returned to the patient by the chemist we consider not only preposterous, but positively dangerous. In the event of a patient

dying suddenly whilst under treatment, what evidence has the medical man to show that the death was due to such treatment. If, for example, by carelessness on the part of the druggist's copying-clerk one *drachm* of liq. strychniæ as prescribed appears in his book as one *ounce* as dispensed, and the original prescription has been lost or mislaid, a physician's reputation may be ruined, and his practice destroyed, simply for lack of that evidence which should never have left the custody of the druggist.

Our readers will readily see how in many other ways such a law is a constant danger to our profession and the public generally, and we trust that the Pharmacists' Council will lose no time in arranging to have this clause repealed at the next meeting of our Legislature.

Dr. McGuigan having returned to Vancouver, all communications, papers, etc., should after this issue be directed to him.

It is most gratifying to have our New Year open with such a generous response to the request for original communications in our last issue. We trust that the example set by Doctors Hasell, Richardson and Watson, will be followed by all the medical practitioners in this province, and that from this time forward our columns will be filled with papers as interesting as the present ones.

We are especially glad that the initial papers are from practitioners who have many demands upon their time outside their regular practice. The author of the first paper, besides his coronership duties, has a vast amount of clerical work in attending to the transactions of the Branch of the British Medical Society, the founding of which is largely due to his efforts.

The duties of house surgeon of the Victoria Jubilee Hospital are multifarious and almost incessant, which makes us more fully appreciate the *esprit de corps*, the result of which appears in Dr. Richardson's report of an unusual cause of death. The promise of further papers from the same pen is a cause of congratulation, and distant readers will possibly be surprised at learning that we have as good hospitals and as good hospital work in this province as in any other part of Canada.

Dr. Watson's communication proves what we implied in our last issue, that even a busy country practitioner in British Columbia finds time to keep notes of interesting cases, and is ready to have them criticised by his brethren.

To all our readers we wish a "Happy New Year," and to our confreres especially we say with all our heart, "Let brotherly love continue."

#### PHLEBITIS FOLLOWING APPENDICITIS AND PLEURO-PNEUMONIA.

*To the Associate Editor for British Columbia.*

SIR,—The following case of phlebitis following appendicitis and pleuro-pneumonia, may possibly prove of interest to some of your readers :

C. D., aged 19, a pale, anæmic lad, was taken ill suddenly one evening with acute pain in the inguinal region. He vomited, and had a rigour. I found him in bed, with a temperature of 100° F., and pulse of 108, wiry and incompressible; he was in great pain, and was lying on his back with his knees drawn up. The abdomen was rigid and tender, the most tender spot being over a point midway between the anterior superior spine and the umbilicus on the right side. I gave him  $\frac{1}{4}$  gr. of morphine by the mouth, and ordered hot stupes to be applied over the lower part of the belly. The next morning the pain was gone, but there was still tenderness over the same spot. He had had another  $\frac{1}{4}$  gr. of morphine during the night, but had not vomited again, and the temperature was 99° F. In the afternoon of the same day the temperature had fallen to normal; there was still tenderness on deep pressure; there had never been any dulness in the flank. I elicited from the mother that the boy had had a very full dinner the night of the seizure, and had been troubled with constipation for a couple of days previously, for which he had taken a dose of Gregory powder. There was a history of a similar attack three years previously.

The symptoms gradually subsided, and the tenderness disappeared entirely, and the bowels were opened naturally two days after the first attack of pain. The boy was kept in bed for ten days, at the end of which time he was allowed up, and the next day was allowed out for about half an



hour, well wrapped up, in the sun. Two days after his going out, I was again sent for in the evening to see him, and found him again in bed, complaining of acute pain in the right axilla, extending round to the back under the angle of the scapula. On auscultation, there was a distinct rub to be heard, with diminished breath sounds over the right base. The temperature taken in the mouth was  $102^{\circ}$  F., pulse 95. Next day there was an increase of dulness over the whole of the right base up nearly to the level of the spine of the scapula on the right side with some moist sounds. He had a dry hacking cough. His side and back were well blistered with Churchill's iodine and hot fomentations, which relieved the pain. His temperature varied from  $101^{\circ}$  F. at night to  $99^{\circ}$  in the morning for eight days; on the ninth day the temperature came down to normal, the pain was gone, and air was entering freely into the lung. The temperature remained flat for three days, and on the fourth day he was allowed to sit up on the sofa while his bed was being made. On the fifth day, after his temperature had fallen and been normal, he was seized with sudden pain in the left thigh and leg, which began to swell and become excessively tender; the pain was along the course of the saphena vein, which had evidently become inflamed. His temperature rose again to  $101^{\circ}$ , and is still above normal, though the pain and swelling have much subsided.

The question naturally arises, did the pneumonia and pleurisy follow the inflammation round the appendix by a species of septic absorption? for I imagine there can be but little doubt the phlebitis has arisen consequent on the pneumonia. There has been no other case of sickness in the house. When the patient went out after recovery from the attack of appendicitis, he only went into the garden and walked up and down a boarded sidewalk for half an hour, well wrapped up. The drainage and sanitary arrangements are as good as any in the town. I do not think there is any chance of having absorbed any outside poison. I have heard of a similar case of phlebitis occurring after pneumonia following influenza this winter, but have not seen such a case before this.

Yours faithfully,

EDWARD HASELI, M.R.C.S. ENG.  
Victoria, B.C.

## DEATH FROM ANÆMIC NECROSIS.

*To the Associate Editor for British Columbia.*

DEAR SIR,—Thinking that the following brief notes of a death from a rather infrequent cause would be of interest to your readers, I send them for publication:

In November I was called to see a gentleman who had died suddenly while out riding. According to the only eye-witness of his death and fall, he was riding at a quiet walk, and was seen to fall forward in his saddle and tumble to the ground. His horse stopped instantly, and he lay absolutely motionless, and on examination was found to be dead. No bruising or other injury of the body could be seen, and death had apparently occurred at the moment he fell forward in his saddle.

I made a *post mortem* examination of the body about five hours after death, and found the following rather unusual cause of death: The abdominal and thoracic viscera were in a normal condition with the exception of the pericardial cavity and the heart. The pericardial cavity was greatly distended, and upon opening it a large quantity of serum and liquid blood escaped, beneath which, and surrounding the heart was a large clot of blood. This was removed, and search made for the source of the hæmorrhage.

Everything was intact, with the exception of a small laceration on the outer surface of the left ventricular wall, near the interventricular groove.

One arm of the laceration was about half an inch, and the other three-quarters of an inch in length, and about an eighth of an inch in depth. These included a branch of the left coronary artery from which the hæmorrhage had taken place. The laceration was positively shown not to communicate with the cavity of the ventricle, the wall of which was about half an inch in thickness, and of firm consistence. The lumen of these smaller branches of the artery appeared to be diminished in size, and contained thrombi. No other disease of the heart or blood vessels could be found, excepting a slight degree of dilatation of the ascending aorta. The cavities of the heart were empty, and the ventricles contracted.

The deceased had been complaining for a couple of days of not feeling as well as usual, and had spoken of an occasional pain in the cardiac region

(Angina?), which he attributed to indigestion, and for which he prescribed his usual remedy, a ride on horseback.

He was about 72 years of age, and had always enjoyed excellent health. His physician assured me that he was free from specific taint.

How long this hæmorrhage had been going on before causing death can only be conjectured from the semi-clotted condition of the blood, the quantity of which, unfortunately, could not be measured on account of its sudden escape.

I find very little said about this peculiar cause of death. Considering the previous condition of health and absence of any symptoms of disease of the heart until a few days before death, I am inclined to ascribe the rupture to the condition described by Osler as *Anæmic necrosis*, due to thrombus of the branches of the coronary artery. The muscles, to the naked eye, presented at that point a pale appearance; microscopic examination of the muscles has not yet been made. Fatty degeneration of the heart muscles, and atheromatous degeneration of the arteries were the only other possible causes of the rupture, and these were shown to be absent.

I am, yours truly,

W. O. RICHARDSON, M.B. TOR.

January 4th, 1894.

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### MEDICAL COUNCIL.

The Medical Council of Prince Edward Island held a meeting in Charlottetown on the 11th inst. They adopted the *Maritime Medical News* published monthly at Halifax as their organ. A movement is under consideration for Maritime reciprocity. A basis was agreed upon and steps are being put forth to invite the profession in the other provinces and the colleges to send representatives to the next meeting of the Canadian Medical Association to be held at St. John, for the purpose of removing all obstacles. There can be no legislation by the Dominion Parliament on the subject unless the B. N. A. Act is amended, and the profession can only work up the provinces to a uniform standard

with examination for a professional license to legalize practice.

The colleges and their professors must not obstruct. New Brunswick, Nova Scotia and Prince Edward Island will likely agree to reciprocity of registration. We would like, also, in connection with reciprocal registration that stricter ethics would be recognized by all applicants for registration as an evidence of the good intentions and willingness of all parties to avoid overcrowding and underbidding in the routine of daily practice. If a profession does not respect itself, how can they expect the public to respect them?

### MEDICAL MEN—THEIR FEES AND REMEDIES AT LAW.

The profession are often accused of being poor financiers and poor book-keepers. Often a suit for professional services, visits, advice and medicine is turned against the doctor by the court, owing to his mode of original entry. It is a common idea, existing in the minds of many people, that a medical man is bound to obey a call to see a patient at any hour, night or day, and it is just as common that such people should doubt his account for services thus rendered when he asks for his pay. The profession should remember that they are not slaves, and that in this country there is no law to compel one man to serve another. It should also be understood that every man is the valuator of his own services, be the fee great or small, and courts will not interfere, excepting where the defendant pleads that at the time of employment he was unaware of the charge made, and disputes it as an overcharge. The onus of proof then is thrown upon the physician to prove *quantum meruit* by his confrères. A little care in making charges and entering the original charge will carry much weight with the court. A physician should charge full and regular prices for his services, even if at settlement he allowed a discount. The services of lawyers and physicians were formerly considered to be in their nature gratuitous, a doctrine derived from the civil law, where the relation subsisting between the parties being founded upon the principle of a mandate, no compensation as such was in contemplation to the mandatory.

Blackstone has stated it to be the established law of England that a counsellor cannot sustain a suit for his fees, and it has also been frequently decided that a physician cannot recover any compensation for his services, and was generally expected to take whatever was voluntarily given to him. These theoretical dogmas were deduced from an age that permitted their adoption, and although the principle of an honorarium finds support in England, it finds no support in American or Canadian law. It is now pretty well conceded that men devote their time and energies for the emolument and gain attached to the practice, or, in other words, that it is unreasonable and unjust to expect men to devote a long course in preparation and study, and then the persistent trials and daily fatigues of professional practice, without being rewarded therefor. Since the lawyers manage to get their fees, it would be exceedingly unjust to argue that a physician had no right to his.

Every registered practitioner, at least, can now maintain an action for his fees. It will be his own fault if he cannot recover his own valuation of his services. All he has to do is to acquaint and make known to his patient or employer in advance what his charge is before the services are rendered, and no court, presided over by a judge possessing honour and justice, will refuse the physician or surgeon a verdict. Medical men in their eagerness to get work, allow the services to be performed first and then send their bill years afterwards. Disputes then arise—perhaps encouraged by a neighbouring practitioner in order to aid his own grist—but chickens very often come home to roost to such an individual. If medical men as a rule are poor and their families suffering for want, it is because the profession as a whole are not united in their views and practice. There should be no underbidding, it is mean, disgraceful and dishonourable; there should be no resort or appeal to prejudices even for the sake of spreading one's fame. Strict business principles and habits are required to make the practice of medicine a success financially. Of course it is understood or supposed that he also possesses the ability to practise and do it on honourable lines. As a diversity of talent exists among masters, the law will uphold a talented and eminent practitioner's claims to larger fees and

assert his right thereto whenever disputed. Eminent authorities in law uphold this view. While everyone may not attain to great eminence, still ordinary skill is required of all, and the principles of law governing medical practice and its rights should be well understood by everyone engaged in the practice of medicine. Every account should be specific, and not general, in its charges. The right of medical men to professional fees in the County Courts of this Province is not recognized. This is wrong; and members of our profession when called to give evidence on any matter involving an opinion, should refuse on the witness stand to give their evidence until the court or parties calling them agrees first to reward them. A determined and united stand would soon cause the Legislature to enact a law recognizing a different fee than thirty cents per diem for a professional man. We solicit the views and opinions of our professional brethren in this Province on the subject.

---

### Original Communications.

---

#### A BLOODLESS OPERATION FOR HÆMORRHOIDS.\*

BY THOMAS H. MANLEY, M.D.,  
Visiting Surgeon to Harlem Hospital, New York.

As hæmorrhoidal diseases of the rectum and anus are very common, and often lead to grave disturbances of the whole system, any line of treatment which will relieve or wholly subdue them, without any serious inconvenience or danger to life, will be welcomed by the profession.

At the beginning, it may be well to consider for a moment what we understand by the term hæmorrhoids. From the etymology of the word, we expect to find blood tumours; but, in strict truth, in very many cases of so-called hæmorrhoids or piles, the vascular system is totally devoid of any implication whatever, the small neoplastic formations which present themselves along the base, annular rim or roof of the anus and rectum being, histologically, purely adenoid, papillomatous, or vegetative. It is important that the anatomical distinction be made clear in this instance, for the treatment about to be commended applies espe-

---

\*Written for ONTARIO MEDICAL JOURNAL.



cially, and almost solely, to those anal tumours which are, or were, entirely dependent on a diseased condition of the hæmorrhoidal veins; in other words, those which are of a venous origin only.

Another important question arises with respect to the relative frequency of these anal varices, designated piles.

Are anal varices, dilatation of the veins, or those tumour-like formations, either internal or external to the external sphincter, essentially a pathological condition, and as such, in all cases, does it require active, radical measures, for its abolition?

Very naturally our course will be determined largely in those cases by a definite answer to this question.

If piles are all superfluous, neoplastic excrescences, then there can be no question as to our course in all cases.

During the past five years I have made an examination of a very considerable number of supposed healthy recta on the living, and in the dead-house have carefully inspected, under good lights, a large number on the cadaver. It was found that both, more than fifty per cent., had venous varices of the rectum. In many of the living, in whom varices of large calibre were numerous and extremely turgid, they never in their lives suffered from piles in any form that they were aware of.

Therefore, it seems to me that the hæmorrhoidal is rather a physiologically degenerative condition in man, which, in very early and late life, is a source of no inconvenience, but which, at middle age, is often attended by, or associated with, such complications as to render it a distinct pathological lesion.

This view is further supported by the fact that cutting out, injecting or ligating off sundry hæmorrhoidal masses will not, in all cases, cure hæmorrhoidal diseases. The varicose state of the upper rectal vessels remains, and nothing is wanted to promote their return, but the exciting circumstances which caused their irritation in the beginning.

#### COMPLICATED HÆMORRHOIDS.

Diseased hæmorrhoids may be divided into three principal classes:

1. Inflamed hæmorrhoids.
2. Ulcerating hæmorrhoids.
3. Bleeding hæmorrhoids.

Besides, we say, internal or external, according to whether they are without, or outside the external sphincter or internal to it.

When internal medication has not succeeded, and when palliative, topical applications have failed to afford permanent relief; in chronic hæmorrhoids, in their radical treatment by the *bloodless* operation, the same fundamental principles, with slight modifications, apply to all three classes.

#### THE ADVANTAGES OF THE BLOODLESS OVER OTHER SURGICAL MEASURES IN TREATMENT.

1. The operation may be performed with a less number of assistants, and is very simple in its technique.

2. As there is no division of the tissues, the dangers of infection, of abscess, ulceration and fistula are eliminated.

3. There is no danger from the immediate loss of blood during operation or of serious secondary hæmorrhage.

In all cases, the evening before operation the patient should have the colon well cleared of all fæcal matter by a brisk purgative.

In the morning, when everything is in readiness, the patient should be given from two to four ounces of whiskey, the quantity to be gauged according to previous habits, its effects, etc.

After having cleansed, shaved and scrubbed the integuments over the ischio-rectal fossa, we are prepared for the first step in the operation, which is, effective.

Cocainization, hypodermically applied. Local analgesia, when practicable, is much preferable to pulmonary anæsthetics. Our patient is more manageable, and there is no spurting of the fæces over the operative field during manipulation.

Cocainization complete, the next and most vital step is complete and thorough *anal-dilatation*.

Without this being efficiently carried out, all else is a failure. But, to be painless and safe, it must be gradual and steady, or we will rupture the muscle and leave our patient incontinent. In chronic, old cases wherein, owing to mal-nutrition and interstitial changes in the sphincter, it has so parted with its elasticity that laceration is very easy if we do not exercise caution. Thorough anal-dilatation accomplishes two purposes of great importance:

First, it opens widely the anal portal, and so

paralyzes the levator-ani that the lower fourth of the rectum—that part always implicated in hæmorrhoids—prolapses through the open vent, when it can be most minutely inspected and radically treated. This, however, is of minor importance compared with the profound effects which dilatation produces on the rectal disease. It is not material whether the hæmorrhoids belong to the inflamed, intensely itchy or irritable type; this stretching exercises a most salutary influence on them.

The third step in simple hæmorrhoids will be the separate treatment of each tumour by forcible pressure-massage.

Before this is commenced, the entire cluster should be wiped clean and dry, and be then freely mopped with the cocaine solution.

Now, each hæmorrhoid is separately seized close to its base, firmly between the tip of the thumb, index and middle fingers. First, put on a moderate but full stretch, then twisted, and, finally, so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except the mucous membrane and its under stratum of fibrous tissue. When this has been completed, the entire mass is again pressed up inside the sphincter, a suppository of opium introduced, a pad and bandage applied, when the patient is returned to bed. An active but painless inflammation follows, and, as a rule, within two or three weeks resorption and atrophy have so reduced the vascular masses that nothing now remains but their shrunken, diminutive stems.

The ulcerative and hæmorrhagic varieties, along with cocainization and dilatation, must have super-added a special therapy appropriate to each.

Since January of this year, thirty-two cases of hæmorrhoidal diseases have come under my care in the hospital and outside.

Many have come to me who feared anæsthetics, and others who were averse to having any cutting operation performed. In all, the permanent results have been eminently satisfactory, and from what previous experience which I have had with this procedure, there is no reason that the cures will not be as durable as those effected by other more sanguinary measures, which are not without danger in themselves, and are sometimes followed by the most lamentable consequences.

Of my latest series of cases, twenty-seven were men, and but fifteen women. Fourteen were cases of simple, chronically inflamed hæmorrhoids, nine ulcerating and itchy, and nine bleeding. Four of the female cases were of the bleeding variety. Of the ulcerating type, in six of them there was a well-marked tubercular cachexia.

### FLOATING KIDNEY—NEPHROPEXY.\*

BY W. J. HUNTER EMORY, M.D.  
Surgeon to Grace Hospital, Toronto.

Miss A. B., aged 34, came under my care in Grace Hospital, on April 30th, 1893, suffering from general prostration, with great emaciation and frequent severe abdominal pain, with a history of two years' semi-invalidism.

Examination as patient lay in dorsal position showed plainly the outlines of a tumour lying just above and to the left of the umbilicus. The tumour was freely movable, and could be grasped in the hand, when its shape and size at once suggested the idea of a kidney. Percussion over the renal region now showed by its resonant note the absence of the right kidney from its normal habitat, and slight pressure exerted upon the tumour in the proper direction caused it to slip back into its place.

So movable was the organ that upon the patient assuming the upright position it would immediately travel in the direction gravity indicated, at times presenting below and to the left of the umbilicus, and thus giving rise to so much pain that the patient was obliged to spend most of her time in bed.

Urinary analysis gave nothing abnormal. An operation for the fixation of the organ was advised, and readily consented to. Accordingly, on May 4th, assisted by Dr. E. Hartly Robinson, in the presence of Drs. Logan, of Ottawa, and Evans, Adams, Hearn, Jones, Macdonald, Baldwin and Chambers, of Toronto, the following operation was performed:

The distance between the lower margin of the last rib and the crest of the ilium being too short for the adoption of the ordinary longitudinal lumbar incision, an oblique one was made three inches in length from the usual starting point in

\* Written for ONTARIO MEDICAL JOURNAL.

the direction of the anterior sup. spinous process. The various structures were divided on the grooved director until the fatty capsule was reached, and divided after all bleeding had been stopped. During the previous steps of the operation the kidney had been held in place by pressure from a pad in the hand of an assistant, and could now be seen moving up and down with each respiration, and fortunately was not enclosed in a mesonephron. The kidney was now secured by a tenaculum forceps, the fibrous capsule divided, and a flap an inch and a half long, and half an inch in width, reflected on each side. Each flap of fibrous capsule was then secured by three interrupted silk sutures to the corresponding portion of the transversalis fascia. The wound was then dried, a drainage tube carried to its bottom, and closed by interrupted silk-worm gut sutures, the two centre ones including a considerable portion of cortical kidney tissue. Dry antiseptic dressings, and a roller bandage completed the toilet, and patient was put to bed. There was comparatively little shock, urine was passed normally within a few hours, and during the convalescence which was uneventful and uninterrupted, showed no abnormal constituents. The temperature never rose above 100°. The drainage tube was removed on the third day, nothing coming through it. The sutures were removed on the eighth day, and union by first intention had obtained throughout. At time of writing, eight months after the operation, the patient is greatly improved in general health, filling a position as housemaid, and the kidney remains *in situ*.

#### DISEASES OF THE STOMACH.

At the recent meeting of the Canadian Medical Association Dr. A. McPhedran, of Toronto, delivered the "Address on Medicine," taking for his subject "Diseases of the Stomach: the most recent methods devised for their diagnosis and treatment."

The paper appeared in full in the *Canadian Practitioner*, and we thought a resume of some of its chief points would be interesting to our readers, for, until quite recently, the literature upon this subject has been somewhat limited:

Beginning at the mouth, the process of diges-

tion is carried on during the passage of the food through the stomach and the greater portion of the intestinal tract. Defect in any part of the course may disturb the process in the whole, thereby furnishing products to the circulation, which may evolve a train of symptoms most distressing and complicated.

Formerly, the major part of the function of digestion was assigned to the stomach, and it was considered that little could go wrong so long as *its* work was effectively done. While the latter is to a great extent true, yet later investigations have shown that nature, in view of the importance of the proper digestion of the food, has been very liberal in her provision for effecting this purpose. A double provision is made for the proper solution of each of the three great classes of food, viz., the farinaceous food by the saliva and the pancreatic juices; the albuminous by the gastric and pancreatic juices; and the fats by the pancreatic juice and the bile. In view of these facts, and for the further reason that after the removal of the stomach some of the lower animals continue to have a comfortable existence, some have come to regard the pancreas as the most important organ of digestion, and to view the stomach as little more than a receptacle and "warming pan" for the food. This is the swing of the pendulum to the opposite extreme. We have abundance of clinical evidence to prove that the importance of the stomach cannot be overestimated; that an active performance of its function is essential to perfect digestion and our well-being.

The stomach may be said to have a threefold function to fulfil:

(1) To receive the food and lead partly to the conversion of the amylaceous and albuminous portions into absorbable bodies; the amylaceous change being effected by the saliva, and the albuminous by the gastric juice—the process being completed in the intestine.

(2) By its acidity to protect the food from fermentation and decomposition.

(3) To discharge its contents, partly by absorption into the blood, but mostly through the pylorus into the duodenum after its own share of the digestion has been completed; the discharge occurring gradually, so as not to overload the duodenum.



In health, for the first three-quarters of an hour after food is received into the stomach, the hydrochloric acid of the gastric juice enters into combination with the albuminates of the food, so that no free acid is present. During this time the digestion of the starchy food is actively progressing, and is only arrested by the presence of free hydrochloric acid, nearly an hour after the meal is taken. In hyperacidity, or a hypersecretion of the gastric juice, free hydrochloric acid is present sooner than normal and arrests the digestion of the starches prematurely, and thus increases their liability to fermentation. In such circumstances the filtrate of the stomach's contents will give a reaction with Lugol's solution, proving that the digestion of starch has been interfered with; normally, no such reaction is obtained. The imperfect change in the starch might be due either to a deficiency of ptyalin, or an excess of acid; and as the former is probably never defective, the occurrence of the reaction practically demonstrates excess of hydrochloric acid in the stomach.

The second function of the stomach, viz., the prevention of fermentation and decomposition, is one of the most important. While the digestion may be effected by the pancreatic and other fluids, none of them have the anti-fermentative powers of the gastric juice. With our food we swallow innumerable micro-organisms, especially those that cause fermentation and decomposition, but also pathogenic germs as well. Some of these are destroyed in the acid medium in the stomach, others are inhibited; this is true especially of the fermentation germs. Many, however, especially the pathogenic organisms or their spores, unfortunately pass through unaffected.

Persons are occasionally met with in whom no hydrochloric acid is found in the gastric juice, and who, nevertheless, have fair digestion; in such the motor function of the stomach seems to be abnormally vigorous, causing the food to be discharged into the duodenum before decomposition can take place.

The amount of hydrochloric acid secreted increases in proportion to the amount of albuminous constituents in the meal, the maximum amount being reached about an hour after a light meal and four or five hours after a heavy one.

In health the duration of digestion varies with

the quantity and quality of the food taken. In about six hours after a medium meal of mixed character the stomach will be found empty, or to contain only some shreds of food; even after a full meal the stomach should be quite empty in seven hours. In infants the duration in health is probably not longer than one or two hours.

In the intervals between digestion, the stomach contains a small amount of clear neutral fluid, without hydrochloric acid or pepsin.

Derangements of any function of the stomach are characterized in some by few symptoms, while in others disturbances of the greatest diversity are produced; such as neurasthenia, vertigo, insomnia, epileptiform convulsions, headache, catarrhal affections of the respiratory tract, pseudo-angina, joint affections of a rheumatic nature, rigors, etc. It doubtless occurs in the experience of all to meet with cases of these various kinds caused by defective digestion, the true cause often eluding our search.

In many persons with grave derangement of the gastric functions, complaint is made only of slight disturbance of general health, while they assure us that their digestion is quite good. This variety of symptoms is to be accounted for partly by the variation in the sensitiveness of the stomach, partly by the greater susceptibility of other organs to reflex disturbances, and partly by the almost infinite variety in the character of the poisons that result from the decomposition of the food. That many different poisons may be formed in the digestive tract and excreted by the kidneys has been well shown by Bouchard. He found that the urine of a perfectly healthy peasant, employed in the open air, produced no symptoms when subcutaneously injected into a mouse; but if the patient's digestion were slightly deranged, so that the tongue became furred, the taste a little foul, and the bowels constipated, the subcutaneous injection of the urine then resulted in convulsions in some instances, while at other times coma was produced. Entirely different poisons must have been elaborated in the stomach and intestines to produce such a variety of effects. And of what a variety of symptoms in dyspepsia patients may be relieved by an effective purge—mental depression, headache, insomnia, fugitive pains, nervousness, ill-temper, etc.

A very large proportion of disease and suffering is due to imperfect assimilation and to absorption of toxic substances, on the one hand, and to defective elimination of waste of tissue and of imperfectly elaborated food products, on the other. While it is far from true that all our ailments are connected with, much less due to, derangement of these two functions, yet he is a wise physician who never loses sight of the importance, in every case, of carefully examining the avenues of supply and waste. Besides the diseases due to derangement of these functions, there are many, primarily not in any way dependent on them, through which he can hope to pilot his patient to the haven of health and comfort only by maintaining these functions in the best possible condition. Then, again, there is no disease to which they do not bear, at least secondarily, a close relationship.

It has been said, and with much truth, that "our feelings are the greatest liars in the world." With almost equal truth can this same charge be laid against the general symptoms of nearly all diseases. Of no diseases is this more true than of those of the digestive system.

Until the last decade or two the knowledge of digestion and its derangements was drawn from experiments, from symptoms, and from occasional accidental conditions that exposed the stomach to view, as in the celebrated case of St. Martin, so well studied by our distinguished countryman, Beaumont. The introduction of the stomach tube for purposes of diagnosis by Leube, in 1871, began a new era in the pathology of diseases of the stomach. By its use we place ourselves in direct communication with the stomach. By removing its contents from time to time and examining them, we may satisfy ourselves of the condition of the stomach and its functions with almost as much certainty as of that of the mouth or other visible part. We only need the knowledge to make use of the material at hand. The stomach tube is not a recent invention. John Hunter, more than a century ago, used it to inject irritating substances into the stomach; later, it was used to empty the stomach in opium poisoning. However, it is only in recent years that it has been used for purposes of diagnosis and treatment in ordinary diseases, and even yet its use is much too restricted. A decided step in advance was made when Ewald,\*

in an emergency, first used a soft rubber tube. A man was brought to his clinic who had poisoned himself with hydrocyanic acid. None of the standard hard tubes were at hand, and, as immediate emptying of the stomach was imperative, a piece of ordinary gas tubing was taken, the end rounded, two eyelets cut in it, and then passed into the stomach. He found no difficulty in passing this soft tubing. Since then the use of the soft rubber tubes has become very general. They vary in size, the larger being about one and one-half inch in circumference, open at the lower end, having one or two large fenestra low down; several small openings also add to its efficiency, as they allow the stomach's contents to filter into the tube from all sides. In the majority of patients these tubes are passed without difficulty; but in some, from spasm of the œsophagus, or other cause, it is necessary to resort to a firmer tube, such as a varnished silk web one. In a case recently even this could not be passed through the cardiac end of the œsophagus on account of the spasm; yet a second trial two days later was quite successful with a soft rubber tube. Such tubes possess the additional advantage of being practically safe, there being little, if any, liability of injuring the stomach or any other soft part, even if in an unhealthy condition. Even aortic aneurisms pressing on the œsophagus should be safe from rupture, as little impediment will arrest the progress of the tube. It is a matter of no little importance that the use of the soft tube is less objectionable than of the hard one, as it is not necessary in using it to pass the fingers into the mouth, the end of the tube being simply passed back into the pharynx, when, on swallowing, it is grasped by the faucial muscles, when it should be pushed onwards rapidly into the stomach. It usually passes on into the stomach easily, but a choking sensation may be produced. Waiting while a long breath or two are taken usually suffices to overcome this strangling feeling, but not always, and the tube may have to be withdrawn. I do not wish to minimize the difficulties, which are sometimes insurmountable, but we need rarely have any fears once the consent of the patient is obtained; that is oftenest the insurmountable difficulty. Quiet confidence on our part usually suffices to overcome all difficulties. In the nervous a cocaine spray to the pharynx may overcome uncontrollable irritability.

\* Diseases of the Stomach.



Having passed the tube into the stomach the contents can usually be obtained by expression, but sometimes patients lose control of the abdominal muscles, and cannot compress the stomach so as to force the contents through the tube. In such, some form of aspirator should be used—an ordinary family syringe may suffice. Sometimes the failure is due to introducing the tube too far, and withdrawing it a few inches slowly is often successful.

It has been objected that the use of the stomach tube is disgusting, offending the refined tastes of the better class of patients. But viewed in that light, how much more disgusting is a rectal, or even a vaginal, examination! Fear, not disgust, is the prevailing feeling against its use; at least, so far as my experience goes. It is a matter of education. Were we to regard, as we should do, the examination of the stomach, in diseases of the digestive organs, as essential as does the gynecologist the examination of the uterus, the idea of its being offensive would never occur to either patient or physician. This is more than can be said of the work of either the rectal surgeon or the gynecologist.

For accurate scientific examination of the stomach secretions, considerable time and fairly extensive laboratory appliances are requisite; so that, for most physicians in active practice, easy and approximate results will have to suffice; and for the treatment of most cases, such results will meet our needs on the whole satisfactorily. If it be objected that to be useful and reliable our results should be accurate, I would remind you that few of us insist upon such accuracy in urinary examinations. How few ascertain the amount of albumin by weight, or estimate precisely the amount of urea in the urine. Yet we find it necessary to know approximately the state of the urine in most diseases; we find such estimates usually all serve practical purposes. So in time I have no doubt that we will not be satisfied without a general estimate of the stomach secretions in diseases affecting the digestive tract, leaving exact analysis for the well-equipped laboratories.

In any given case, or in comparing different cases, in order to obtain results from which useful conclusions can be deducted, it is self-evident that examinations must be made under similar circum-

stances as to food, time after eating, etc. An abundance of albuminous food calls for an abundance of gastric juice to saturate it—much more so than a light meal of farinaceous material. An examination, therefore, after a mixed meal will give much more complicated results than after one of a lighter nature, and the results would probably be more useful. To obtain uniform conditions, Ewald advised examination after a “test breakfast,” consisting of a dry roll, or a round of toast, a cup of water, or of weak tea or coffee without milk or sugar. This furnishes nothing to become offensive should decomposition take place, yet it contains all those classes of food, and what remains to be aspirated after an hour’s digestion is of such a liquid nature as to pass through the tube easily. It is, however, often desirable to withdraw the contents of the stomach after ordinary meals to ascertain the time required to complete the digestion of a meal, so far as the stomach is concerned, or whether the stomach disposes of one meal before another is taken. It is not unusual in some persons to find in the stomach the remains, often copious, of the food taken during twenty-four or even forty-eight hours, and that, too, without producing much conscious disturbance.

The contents of the stomach, if withdrawn during the first thirty or forty minutes of digestion, should owe its acidity to lactic acid, as can be easily demonstrated by Uffelmann’s test with a solution of carbolic acid and chloride of iron; after an hour’s digestion the lactic should be replaced by hydrochloric acid, with more or less acid salts. The total acidity should be within certain defined limits, either above or below which indicates an abnormal condition. The presence of free hydrochloric acid is readily demonstrated by Gunzberg’s test with phloroglucin-vanillin solution. Experience with it enables one to judge fairly well, by the depth of colour obtained by the test, as to the amount of hydrochloric acid present. To be more accurate, we can, by successively diluting the stomach contents until the reaction to Gunzberg’s reagent fails, obtain a fairly approximate estimate of the quantity of free hydrochloric acid present, since we know that this reagent will act until the dilution reaches one to twenty thousand.

Now, while it is of the utmost importance to be



able to make ourselves acquainted with the constituents of the gastric juice at various periods after a meal, especially as to the presence of hydrochloric acid in normal amount, or its absence, we must not forget that failure of secretion of hydrochloric acid, on the one hand, and its excessive secretion, on the other, are alike only symptoms of disease—symptoms whose import, to be rightly estimated, must be weighed in conjunction with the other circumstances of the particular case. But a short time ago it was considered that the persistent absence of hydrochloric acid was particularly pathognomonic of carcinoma. Further investigation has demonstrated that hydrochloric acid is not infrequently absent in gastric catarrh, in degenerations of the gastric mucosa, and in certain gastric neuroses. On the other hand, cases of gastric carcinoma are met with in which free hydrochloric acid is found after food, and in a few it is present in excessive quantity. In these latter, it is supposed that the cancer is secondary to, and develops on, the cicatrix of a gastric ulcer, in which latter disease we know that the gastric secretion is usually highly acid. The reason for this difference in these two classes of cancers is probably due to a widely disturbed degeneration and inflammation of the gastric mucosa in the former class, while in the latter changes in the mucous membrane are limited to the immediate vicinity of the neoplasm.

We are, nevertheless, fairly safe in laying down as a rule that while the absence of hydrochloric acid is not pathognomonic of cancer, its persistent presence is strong evidence that cancer does not exist.

Then, it will probably be found that in cases of doubtful diagnosis between cancer and chronic gastric catarrh, the effect of treatment with the stomach tube will be of material aid. In such cases the regular daily washing out of the stomach will be followed by general improvement in cases of simple chronic gastritis, while in cancer the improvement is usually confined largely to some relief of the stomach symptoms, without much gain in general health.

In such a case under my care in Toronto General Hospital a year ago, in a man who was much addicted to beer drinking, and whose symptoms were those of aggravated chronic gastric

catarrh, no improvement resulted from lavage. There was no pain, tumour, or cachexia to indicate cancer, but his condition grew worse steadily. He left the hospital, and a month or so later died at his home. The autopsy showed a diffuse colloid cancer infiltrating nearly the whole wall of the stomach, and the general cavity was much contracted, a contraction that must have resulted chiefly after he left the hospital, as shortly before that time the capacity of the stomach was apparently normal.

The tube will, however, find its most frequent application both in diagnosis and treatment in that most common of "ills that flesh is heir to"—dyspepsia. By its use we are able to differentiate those characterized by hyperacidity from those more frequent ones in which there is a deficiency of hydrochloric acid secretion, and thus be guided to the treatment appropriate for each.

In the former we need to reduce the amount of sodium chloride in the food to a minimum, to neutralize the acidity of the stomach by use of such alkalies as magnesia and the alkaline carbonates, which contain none of the elements of hydrochloric acid, and to diet mainly on nitrogenous food, so as to appropriate the greatest possible amount of hydrochloric acid in its digestion.

In those suffering from in acidity, on the other hand, we must supply the deficiency in hydrochloric acid by giving it after food as freely as each individual demands, usually in frequent, divided doses, and, it may be, peptonizing the food before it is partaken of—appropriate general treatment, of course, being carried out at the same time.

Of the dyspepsias, the most frequent are those associated with and dependent upon chronic gastritis. Here, too, no means of treatment avail as does thorough and regular cleansing of the stomach by means of the tube. Usually the appetite is poor, but it may be at times good, even ravenous; at others the first morsels or even the sight of food satisfies, or may beget nausea. "Soon after eating, such patients feel oppressed and bloated; they do not complain of true pain in the epigastrium; it is more of a choking, a vague sensation, which only becomes slight pain on pressure over the stomach." If decided pain occurs, we should suspect other lesions. These conditions are frequently combined with atony of

the stomach wall; this leads to an undue stay of the food in the stomach. Decomposition results, the starches fermenting and the nitrogenous substances putrefying. Distension of the stomach results, with eructation of offensive gases, and regurgitation of sour and acrid liquid and masses of food. We cannot well conceive of a condition more suitable for the use of the tube than this. By its use we remove the decomposing remains of food that may have lain in the stomach for days; also the mucus lying in and adhering to the walls of the stomach, and the acrid fluid bathing alike stomach and contents. The relief that such cleansing gives to the sufferer none know but those who have experienced it.

Alkaline and antiseptic solutions have been advised, but plain water suffices for every purpose. The douching is continued, alternately pouring water into the funnel and allowing it to run off until the water comes away clear. Once daily is sufficient.

With proper diet this will suffice to cure many cases, but it is best to aid it with general treatment, stimulating aromatics, massage, electricity, change of scene, etc.

I am decidedly of the opinion that no single plan of treatment will give as good results as this in alcoholics, in all of whom chronic gastritis exists, usually in a marked degree. The douching improves the state of the stomach, begetting better digestion and assimilation; as a result, nutrition and excretion are better, and the nerve centres become more able to resist the demand for alcohol, which, as a result of the better nutrition, grows less and less with time. In such a case, a grave one, lately under my care, the use of the tube every second day for four weeks was attended by the most gratifying results.

In the digestive disturbances of infancy, especially in the summer diarrhoeas, medical literature furnishes us with a most convincing mass of evidence in favour of cleansing the stomach with the tube, and thus cutting off the supply of irritant matter to the intestinal tract. The removal of such irritants from the stomach by whatever means, at the same time that the bowel is emptied of its decomposing contents, should suffice to cure most cases if done sufficiently early.

If with the chronic catarrh there be also dilata-

tion of the stomach, lavage is the only course that avails. It is the sovereign remedy. In chronic cases with much dilatation, even it will fail to restore the stomach to its normal capacity, but, in any case, it will, if effectively carried out, relieve the inflammation of the mucous membrane, prevent decomposition, and improve digestion. Combined with massage and electricity we may, even in severe cases, if not too chronic, obtain a complete cure. While the douching is being done, massage of the abdomen should be used so as to empty any sacculations of the stomach and assist in dislodging masses of adherent mucus and food, the douching to be continued until the water comes away clear. It is best done before breakfast, once a day being sufficient, or six or seven hours after a meal, so as to give time for digestion. Effective washing relieves or improves the nausea, the depression, the headache, the disgusting vomiting of fermented food and mucus, etc., that give so much distress. In these cases constipation is usually troublesome. One of the benefits of the use of the tube is relief of this constipation especially early in the treatment. So constantly does the relief occur that Kussmaul considers its absence an ominous sign of advanced degeneration of the stomach wall, or of stenosis of the pylorus.

Excellent results have been reported from the use of the tube in gastric neuroses. The alternate douching and emptying acts as massage on the stomach wall, and has a soothing effect on the hypersensitive nerves, just as massage of an external part often relieves pain. At the same time any remnants of food and mucus which may act as irritants are removed; the warm water acts as a soothing bath; and the impact of the water stimulates peristalsis, and this always improves both circulation and secretion.

Its use is said to be sometimes equally gratifying in reflex vomiting, especially in pregnancy, the patient being fed through the tube.

Recently considerable use has been made of the electric currents, both galvanic and Faradic, in diseases of the stomach. There is good evidence that even the application of both poles to the abdominal walls stimulates the action of the stomach, but the more direct application of the current, by having one pole in the cavity of the stomach, is much more effective. By moderately

distending it with water, plain or saline, and introducing one electrode into the stomach, while the other, a large one, is placed on the epigastrium, its walls can be brought into the direct circuit of the current. By means of the sedative effect of the constant current, some cases of gastralgia may be relieved. The interrupted current is, however, of greater use and wider application. With one electrode in the stomach, peristaltic action is stimulated, and it is thus of much use in atony and dilatation. In many cases the appetite and digestion are improved by its use; there seems to be a freer flow of gastric juice, and more vigorous contraction of the stomach walls. Of course the good results may be partly due to the general effect, both physical and mental, on the patient. I have, at all events, found considerable good result from the Faradic current as used in atony of the stomach.

It has been said that four-fifths of all the ailments for which treatment is sought are due to functionable disturbances, the remaining one-fifth to organic disease. Of these four-fifths, such a large proportion is due to derangements of the digestive process that the subject becomes one of surpassing importance. Without careful examination of the functions in health and disease, we cannot hope to thoroughly comprehend it, and it is only by the more minute investigation of the stomach contents that any advance in our knowledge of these diseases can be looked for.

---

### *Meetings of Medical Societies.*

---

#### BRANT COUNTY MEDICAL ASSOCIATION.

The usual Quarterly Meeting of the Brant County Medical Association was held on December 6th, in the Board room of the John H. Stratford Hospital, Brantford. There was an unusually large number of members present, both from the county and city. Dr. Griffin, president, in the chair, and Dr. Keane, secretary.

The subject of the advisability of nominating a candidate as representative in the Ontario Medical Council for Division No. 8, which includes the

Counties of Haldimand, Brant, Lincoln and Welland, at the next election, was very fully discussed, and the following resolution was moved by Dr. Addison, of St. George, seconded by Dr. Dunton, Paris:

"That we, the members of the Brant County Medical Association, in convention assembled, desire to express our appreciation of the valuable services rendered by our representative, Dr. D. L. Philip, in the Ontario Medical Council, during the past two terms; that we desire to express our hearty approval of the general policy pursued by the Medical Council in legislating for the benefit of the public and the profession, and in which our representative has taken a prominent and useful part; and, also, as important questions are likely to arise in the near future affecting the welfare of the profession, and in which his knowledge and experience in the Council would be of benefit to the profession, that it would not be desirable to change the representative at the present time, and that we, therefore, respectfully request Dr. Philip, to allow himself to be nominated as a candidate in the election of 1894." Carried unanimously.

Dr. Philip, in accepting the nomination to become a candidate for another term, thanked the members for the hearty support which he had received from the profession in Division No. 8, while acting as their representative in the Medical Council. In the event of his election he would endeavour to serve them faithfully, and to the best of his ability, and he would ever entertain a grateful remembrance of their kindness, whether elected or not, in the support which he had received at their hands. Dr. W. M. Stanly, Brantford; Dr. Burt, Paris; Dr. Harris, Brantford, and others spoke in the most commendatory terms of the course pursued by their representative, and trusted under present circumstances that he would be elected without a contest.

Dr. Bremner, Toronto, gave an address on orthopædic surgery, more especially the treatment of spinal curvatures, showing some ingenious mechanical contrivances in their treatment. On motion, a cordial vote of thanks was tendered to him for his interesting and instructive address. A paper by Dr. Bishop had to be postponed until the next meeting owing to want of time. Several



routine matters were disposed of, and the Association adjourned until the first Wednesday in March.

M. J. KEANE, *Secretary*.

ANNUAL MEETING OF THE BRITISH  
LARYNGOLOGICAL AND RHINO-  
LOGICAL ASSOCIATION, FRI-  
DAY, DECEMBER 8, 1893.

PROGRAMME.

BUSINESS.

2.30.—Minutes of last Meeting.

Election of Fellows and Correspondence.

3.00.—Exhibition of Patients and Presentation of Clinical Reports :

Dr. W. McNeill Whistler exhibited a case of swelling of the ary-epiglottidæan fold and left ventricular band. The personal and family history pointed to a diagnosis of a rheumatic affection of the laryngeal cartilages. Treatment of pot. iodide and sodæ salicyl, supported this by its quick palliation and almost absolute cure.

Dr. Ed. Woakes showed a case of dead bone in the ethmoid cells.

Mr. Mayo Collier presented a clinical report and result of the *post mortem* in a case of stricture of œsophagus. The *post mortem* showed a perfectly healthy œsophagus and malignant disease of the liver. The cause assigned to the stricture was a reflex one from pneumogastric ganglia.

Mr. Lennox Browne exhibited a case of uncontrollable paroxysmal sneezing which on examination was found to be due to an enlarged middle turbinal and a spur on right side of the septum. Cured by operation.

Mr. Frank Marsh reported a case of a foreign body in the larynx removed by operation by a direct opening into the larynx through the thyroid cartilage without preliminary tracheotomy. Recovery. The foreign body in the case was a large piece of bone.

Exhibition of microscopical preparations by Mr. Wyatt Wingrave.

4.00.—Interval for tea.

4.15.—The President's inaugural address.

PRESIDENT'S ADDRESS.

Mr. Macintyre, at the outset, thanked the members for placing him in this position, at the same time eulogizing the work of the late President, Dr. Sandford, and the Secretary, Mr. Wyatt Wingrave. He then went on to his paper, entitled "Past and Present Study of Ætiology." He first showed the necessary inference from the presence of disease as to a cause, and a soil for the cause to work on, thus :

1. Existence of a cause or causes.
2. Contact with patient.
3. Incapability of tissues to resist invasion.
4. Conditions present favourable to existence.

He then divided his lecture into headings in connection with this outline :

(a) Consideration of causes—multitude overwhelming usually—age, sex and occupation—predisposed to cold—weak constitutions and heredity. Greatest aid is from bacteriological researches in hunting up the reason of some ailment.

(b) Means of bringing in contact—cause may already exist, hereditary or acquired, in patient, but in other cases the outside must be scanned for it.

(c) Overcoming of resistance of the tissues—in some instances easily explained—injuries—administration of drugs—pressure on nerves—absence of certain elements in food, etc. Then germs attacking, but in many cases reason of want of resistance is obscure.

(d) How causes act—many of the organic forms act by mechanical irritation, but they are most injurious from the products they produce.

(e) Classification of disease—poor on account of either deficiency or repetition—ætiology will in future give us a much better basis to work on.

(f) Effect of study of ætiology on treatment—emphasized hygiene and prophylactic measures—showed us the best antiseptics to use in certain cases. (Here Mr. Macintyre gave his opinion on the various antiseptics, placing them in this order : corrosive sublimate, carbolic acid, boracic acid, especially where any fear of absorption, listerine, thymol.) Especially in operations must care be taken.

5.00.—Discussion on the Pathological and Clinical Features of Atrophic Rhinitis, introduced by Mr. Wyatt Wingrave.

8.00.—Annual dinner at the Langham Hotel.

## Correspondence.

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

### DR. SANGSTER CONTINUED.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—I am sorry that you found my last letter too breezy to suit you, and that even your unusual powers of penetration could detect in it anything resembling personal revilement. Like yourself, I always honestly try to keep my lucubrations scrupulously free from everything savoring of personalities, private detraction, and cowardly inuendoes, and if, in my correspondence in your journal, I have fallen short of my ideal in this respect, I regret it greatly. You appear, however, to be laboring under some misapprehension. I may remind you that I stipulated, at the outset, for fair and courteous treatment, and for only such lawful editorial comments on my letters, and confutation of my arguments and disproof of my statements, as honorable men might make, or submit to. As long as you keep within the precincts of reputable journalism, by limiting your articles to just criticism, and to efforts of honest refutation and correction—clever or the reverse—I am able easily to hold myself well within the region of sober and polite discussion. It is only when you transcend these prescribed bounds, and begin to attitudinize in the editorial trapeze, or to sit on the “organ” keys while the bellows is in full blast, that I become lost in admiration, and, almost unconsciously, lapse into that respectfully complimentary strain, which you have unfortunately mistaken for sarcasm. To dignify the guileless banter, or playful badinage, I have now and then used in these letters, with the awful name of sarcasm, is like confounding a child’s pop-gun or pea-shooter with the heavy rifled ordnance of an iron-clad.

Allow me further to say that I recognize your undoubted right to close your journal altogether against my letters, should you see fit to do so, after all your monthly diatribes against the iniquity of what you were pleased to term “washing the Council’s dirty linen in the public press,” and your repeatedly flaunted challenge to discuss the matters in dispute in your periodical. Probably

that invitation was given in the confident expectation that it would never be accepted; possibly another explanation of the sudden restiveness now displayed might easily be found. Since, however, my “epistles” are not unreasonably long, and will only probably extend to three or four more in number, I cannot permit you to dictate to me as to either their length or their tenor. You may force me to reach the profession and, possibly, the public also, through some less restricted channel of communication, by refusing to allot me the moderate space required; and you may ascribe your refusal to the length of my letters, or to their flatness, or to their breeziness, or to the use of personal revilement, not discoverable in them by anyone save yourself, or to the faultiness of my orthography, or to your very kind anxiety that they shall be read by all, or to any other equally sufficient and tangible cause, but, you may rest assured, that very few of your readers will fail to thoroughly understand the true inwardness of your action.

A professional tax, levied by a body having, like the Medical Council, dual relations, to be righteously and acceptably assessed, so as to become a debt of conscience to the individual members of the profession, is subject to three conditions:

1. It must be assessed strictly in accordance with the dictates of justice, *i.e.*, it must be fairly and impartially levied on all the several interests protected by the Central Executive, to whose use it is appropriated.

2. It must be assessed and spent constitutionally, *i.e.*, solely by the representatives of those who are required to pay the money.

3. It must be actually necessary, *i.e.*, it must be assessed only when the ordinary income of the Executive, thriftily and economically applied, proves insufficient to cover its lawful and judicious expenditure.

My last letter was devoted to the discussion of the first of these propositions, and to an exposure of the flagrant injustice involved in the authorization and the assessment of the tax as heretofore levied on the medical electorate. It was pointed out that, in devising its scheme of taxation, instead of fairly apportioning the impost on both constituencies, the Council was induced to let the most vitally interested and stringently protected of the

two go absolutely scot-free, and that, in neglecting to secure, as a preliminary to this step, the explicit and unanimous consent of the members of the College, it failed to cover its proceedings with even the semblance of right. To the few medical men who were consulted on the matter, by letters in 1874—as also to the government and the legislature of that day—the scheme was artfully represented as being a purely temporary expedient, designed to meet financial difficulties, untruthfully alleged then to exist. No adequate or honest effort was ever made to reach the bulk of the electorate. There are scores of our confreres still living, who were practising in Ontario in 1874, and who, if necessary, could testify that the first intimation given them that there was, or had been, any project on foot to tax them, was the receipt of an official notification that their annual dues had not been paid. The tax was, from the beginning, unpopular, because it was unjust, because it was levied partially and unfairly, but it became, to many of us, utterly odious as soon as we learned for what purpose it had been initiated, and by whom.

My second proposition is that, if the tax is to meet with no resistance from members of the College, it must be assessed and spent constitutionally. This point can scarcely, any longer, be regarded as debatable. It is a fundamental principle of all liberal and responsible government that a free people shall only be taxed by their lawfully elected representatives, and that these alone shall have a voice and a vote in the expenditure of public funds. The unconstitutionality of the professional tax, after being fully discussed in the public press, was argued last spring, *pro* and *con*, before a large and intelligent committee of the legislature, whose sentiments on the subject were crystallized in the amendment to the Ontario Medical Act prepared by Sir Oliver Mowat. This amendment suspends both the assessment clause and Section 41A, declares that they are and shall remain a dead letter, unless restored by the elected members of the new Council, who alone shall have a right to vote on any question affecting an assessment on the profession, and the mode of its collection. In rendering this verdict, the legislature, which is, in these matters, our highest court of appeal, concedes the point that the tax, as heretofore assessed, was unconstitutional, and, conse-

quently, that the objections urged against it, on that ground, by the Medical Defence Association, were just, and correctly taken. Things are now in a much better shape. In giving to the elective element in the Council, the exclusive power of determining the conditions on which an assessment may be made, and the mode of its collection, the legislature has taken from the profession all ground of complaint under this head. The matter is left, as it should be, strictly in the hands of the profession itself. If it sees fit to return, at the approaching elections, all or any of the territorial representatives belonging to the present Council—every one of whom was concerned in securing the offensive legislation of 1891—every one of whom still insists that the tax, as heretofore assessed, was a just tax, and constitutionally levied—every one of whom is bound, in justification of his past course of action, to vote for an unconditional assessment on the electorate and the restoration of Section 41A, then, by all means, let its sovereign will be, for the next four years, respected, and during that time, let the tax be paid without demur. Heretofore our complaint has been that our representatives were not loyal to us. It now remains to be seen whether we can be true to ourselves.

The second part of the proposition laid down—that the money accruing from an assessment on the profession must be expended solely by its representatives—has not as yet been explicitly dealt with by the legislature. It is understood, however, that legislation securing this end can be obtained when asked for. It would be an anomaly, indeed, to restrain the appointees in the Council from having a voice or a vote in the assessment of a professional tax, and yet leave to them the unrestricted right of dictation or interference in its expenditure.

In my last letter I showed that the tax was unjust, and, therefore, odious. In this I have shown that it was unconstitutional, and, therefore, doubly odious. In my next letter I shall endeavor to satisfy even you that it was never necessary to meet the legitimate requirements of the Council, and that it was, therefore, thrice odious. Can you any longer wonder that it was angrily resisted by thoughtful and self-respecting men—that no fewer than 1,184 members of the College had to be sued in the Division Court because they manfully refused



to pay it except upon compulsion, and under protest? In view of the facts now adduced, do you not see the folly, and worse than folly, of the course pursued by the Council and its friends, when, in the spring of 1892, a number of us felt compelled to approach the legislature, seeking protection from a body which should itself have been the first to stand between us and all assailants? Not only did it, from the outset, asperse our honesty, and belittle our motives, and treat our claims with official insolence, but it spent several hundred dollars in lobbying against a Bill introduced to relieve the profession from a position that had become simply intolerable—not to mention the work gratuitously done, in the same direction, by the school appointees resident in Toronto, one of whom says he expended a whole week to this labor of love, while another, Dr. Thorburn, the representative of a defunct institution, and who has, consequently, no more real right or title to a seat in the Council than to a seat in the House of Assembly, has the good taste to tell us (*Announcement*, 1892-93, p. 152), that he devoted a whole month, night and day, to the delectable work of thus thwarting the profession in its effort to obtain control of its own affairs. It is claimed that eels have, in the course of time, become used to being skinned and now rather enjoy the operation: why should not indignities, long tolerated, and frequently repeated, at length, cease to make any more record on seared human susceptibilities, than water on a duck's back? What with the almost criminal apathy of many practitioners, and the unthinking or the interested partizanship of others, the profession, unlike the proverbial worm, may not turn even when trod on. It is on the cards, therefore, that neither such insolent interference, on the part of school appointees, as instanced above, nor treacherous betrayal of its interests, by its elected representatives, will arouse the electorate to a righteous and an honorable self-assertion. It is just possible that it may be so recreant to its clear and imperative duty to itself, as to re-elect some of the members of the present Council. If so, we shall be disappointed, but, by no means, less confident of our ultimate success. It may require time to disperse the mists and prejudices, with which the whole subject of professional autonomy has been artfully invested, but,

though circumstances mould enlightened public opinion, only slowly, when acting alone, it can be forced by free and fair discussion, when this is pointed by the resistless logic of events. The last two years have done much towards evolving, from the serfdom of the past, a healthier and a more manly professional sentiment. Four years hence clearer views may be expected to more generally prevail, and the final triumph of Right is assured—

“ Ever does Truth come uppermost,  
Ever is Justice done.”

And what, may I ask, have you to say now, Sir, in favor of this tax? It would be childish to claim, that being a statutory debt, it must, therefore, be a just debt. You have read history to but little effect if you have not learned that many of the most iniquitous and galling imposts ever levied on free communities, were covered by the sanction of statutory enactments, and that it has ever been the part of stalwart good citizenship to resist them, and to seek their repeal by constitutional means, and, failing this, to sweep them away even at the expense of civil rebellion and revolution. To tamely submit to injustice, indignity, and wrong, is the attribute, not of free men, but of slaves. Nor will you, I hope, besmirch your manhood by suggesting, as some have done, that the paltry amount of the annual fee is a reason why we should be weakly compliant, and pay it. Principles must be vindicated altogether irrespective of dollars and cents, and robbery, highway or official, is robbery, whether the sum taken be great or small. Finally, I think, you will agree with me that the opprobrious epithets and offensive comparisons, so freely hurled at us by members of the Council and their friends, were quite out of place, and may be held as not only provocative of, but as in some degree excusing, the little bitterness which at one time crept into this discussion.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Jan. 8th, 1894.

---

DR. LOVETT.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

In the last number of the ONTARIO MEDICAL JOURNAL, Dr. Burrows makes an effort to give me a cut for a letter in the previous number. A

few men organize an association calling themselves (a misnomer) "The Medical Defence Association," whose only object is to get themselves into office, or some of their friends who will in return, install them. But, instead of a defence, there has been a constant attack upon men whose character and standing has never been doubted. When their attacks have been resisted, it must needs be simply inexcusable. Dr. Burrows is glad that an election will soon be on. He knows well that his "mushroom organization" will not stand the light of day. Therefore, to accommodate his little company, the election must be brought on at once. Being a candidate for the next election, he would fain pass as a moderate man. He acknowledges that one side may have been severe, but anything said against the other is simply inexcusable. Losing faith in the new organization, he would accept assistance from the party who have been written against too severely.

In Dr. Sangster's debate, by himself, in the same number, as to whether the medical men, the public or the schools derive the most benefit from the Medical Council, the most significant remark is the proposal to check the out-put of medical men, by requiring a degree in arts for matriculation in medicine. Dr. Sangster himself holds a degree in arts. He wishes all others to have the same. If the boys could get a degree in arts as easily as the Doctor did, no doubt many would accept the change. But the majority would prefer the more independent course of writing.

Yours, etc.,

WILLIAM LOVETT.

Ayr, Ont., Dec. 22nd, 1893.

### Book Notices.

*The Alienist and Neurologist* (January) contains: "The Successful Management of Inebriety Without Secrecy in Therapeutics," by C. H. Hughes, M.D., St. Louis; "Treatment of Nervous Diseases in Sanitariums," by James K. King, M.D., Ph.D., Watkins, N.Y.; "Insanity in Children," by Harriet C. B. Alexander, A.B., M.D., Chicago, Ill.; "The Treatment and Prophylaxis of Insanity," by John Puntton, M.D., Kansas City, Mo.; "Study of the Causes, Symptoms and Treatment of Partial Epilepsy," by Roque Macouzet, M.D., Mexico;

"Muscular Atrophy Considered as a Symptom," by William C. Krauss, M.D., Buffalo, N.Y.; "Transitory Frenzy," by Theodore Diller, M.D., Pittsburg, Pa.; Editorial on the Code, Other Editorials, Selections, Hospital Notes, Reviews, etc.

*Chekan.* A brochure containing information compiled from various sources of botanical and pharmaceutical knowledge, clinical reports, physiological researches, etc., reprinted from the "Pharmacology of the Newer Materia Medica."

This small work gives a very thorough résumé of the manner of growth, the habitat and the parts used of the plant. Its principal ingredients are tannin and an ethereal oil, and its principal use is in bronchitic and tracheatic inflammatory conditions.

*A Guide to the Public Medical Service.* Containing information of appointments in the Home, Naval, Army, West Coast of Africa, Indian and Colonial Medical Services. Compiled from efficient sources by Alexander S. Faulkner, Surgeon-Major Indian Medical Service. London: H. K. Lewis, 136 Gower St. Price, 2s.

This little work of reference contains a large amount of information respecting the several government-medical services of Great Britain and the colonies, and will be of great value to any of our young practitioners who propose entering one or other of the public services. Extracts are made from the official publications.

*Syllabus of Lectures on the Practice of Surgery.* Arranged in Conformity with the American Text-Book of Surgery. By N. SENN, M.D., Ph.D., LL.D., Chicago, Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College; Surgeon-in-Chief St. Joseph's Hospital, etc.; President Association of Military Surgeons of the United States; ex-President American Surgical Association; Honorary Fellow College of Physicians, in Philadelphia, etc. Philadelphia: W. B. Saunders. Price, \$2.00.

Every teacher of surgery must have felt the need of some short guide to aid him in the lecture-room in presenting the various subjects in a systematic, clear, succinct and practical manner. This little work will fully meet these requirements and will also present in concise form to the student of surgery all the facts which he is expected to retain and apply at the bedside. It forms a very complete syllabus of surgery.

*A Text-Book of the Diseases of the Ear.* By DR. JOSEF GRUBER, Professor of Otolaryngology in the University of Vienna, etc. Translated from second German Edition, and edited with additions by Edward Law, M.D., C.M. Edin., M.R.C.S. Eng., Surgeon to the London Throat Hospital for Diseases of the Throat, Nose and Ear; and Coleman Jewell, M.B. Lond., M.R.C.S. Eng., Late Surgeon and Pathologist to the London Throat Hospital. Second English Edition. London: H. K. Lewis, Publisher. Price, 28s.

How often have we heard that "Diseases of the Ear" is an exhausted subject, hence why pay any attention to it? To all who think thus, we would strongly recommend a perusal of the last edition of Gruber, for it is there that he will learn of the progress made in otology during recent times. He will find, too, that this has been largely due to a thorough study of the anatomy of the ear in health and in disease. A better understanding of the minute structure of the ear has given us a greater grasp of the nature of cases that would otherwise have been entirely beyond our reach.

The section dealing with the anatomy and physiology of the auditory organ commences with an accurate and exhaustive description of the "bony habitation of the ear"—the temporal bone.

In that part of the book dealing with the examination of patients, the fact is pointed out that it is well, first of all, to direct attention to the general condition, and afterwards to the ear. If this general principle could be impressed upon specialists in the various departments, they would not demonstrate *typical* tubercular lesions in the throat of a person upon whose face there is, at the same time, a characteristic syphilide. An interesting account of the various methods of examination is given; the description of the apparatus necessary for the thorough investigation of a case is very complete, and the illustrations are especially well done.

There is not much change in the classification of the diseases, but considerable new matter has been added to the text.

The book concludes with a most interesting chapter on deaf-mutism; too much attention cannot be given to this condition which, in so many countries, is on the increase.

In the front of the book there are two pages of

chromo-lithographic plates, illustrating the various appearances exhibited by the drum-membrane. These, because of their excellence and clearness, will materially assist the practitioner in arriving at a diagnosis.

One cannot say too much in praise of a volume like the one before us. As the work of a self-taught man, it will prove particularly useful to those contemplating a specialty, both as an instructor in the technique of this branch, and as a demonstrator of the fact that a six weeks' post-graduate course is a rather short period to devote to the mastery of a subject like otology. To the general practitioner, the work will be valuable as a book of reference.

H. K. Lewis is a well-known publisher, and his name has but to be mentioned in connection with a work to guarantee that the book-making will be efficiently done.

---

*Essentials of Practice of Medicine.* Arranged in form of questions and answers. Prepared especially for Students of Medicine. By HENRY MORRIS, M.D., Late Demonstrator Jefferson Medical College, Philadelphia, Visiting Physician to St. Joseph's Hospital, Fellow College of Physicians, Philadelphia, etc. With a complete appendix on Examination of the Urine, by LAWRENCE WOLFF, M.D., Demonstrator of Chemistry, Jefferson Medical College. Coloured urine scale and many illustrations. Third Edition, 1894. Corrected and arranged by WM. M. POWELL, M.D. Price, \$2.00. Philadelphia: W. B. Saunders, 925 Walnut St.

Brief compends are the order of the day among medical students, and we have seen none more complete or of more use than this one before us. The work, for its kind, is exhaustive, embracing all known diseases, the questions being knowledgeable, and the answers to the point. This part should be useful to a man reviewing his work on medicine before examination. Combined with this, as the heading shows, is a list of some 300 formulæ, and a short treatise on the urine. The latter is good, the tests being formulated nicely, and the proper ones given, but as far as these prescriptions are concerned, good and all as they may be, we could never see any use for them. If a medical man takes to using or reading this or any other list with an idea of copying them, he soon



loses any originality he may have had in the realm of therapeutics.

The work is well printed, the head-lines being clear, and the paper of an extra quality. Students, if advised by us, will certainly have the book, and find that it is a particularly good one. We must congratulate the publishers on the general get-up of it.

#### PAMPHLETS RECEIVED.

*On the Microbic Origin of Cholera.* Report of Case with Autopsy. By CHAS. L. DANA, A.M., M.D., Professor of Nervous and Mental Diseases New York Post-Graduate Medical School.

*The Use of Antiseptics in Midwifery, their Value and Practical Application.* By ROBERT BOXALL, M.D. Cantab., M.R.C.P. Lond., Assistant Obstetric Physician to, and Lecturer on Practical Midwifery at, the Middlesex Hospital; Formerly Physician to the General Lying-in and Samaritan Free Hospitals, etc. London: H. K. Lewis, 136 Gower Street, W.C. 1894. Price 1s.

## AN EPITOME OF CURRENT MEDICAL LITERATURE.

### MEDICINE.

**Diphtheria.**—Kossel (*Deut. med. Woch.*) summarizes some recent researches. It is now mostly thought that the pseudo-diphtheria bacillus is only an attenuated form of Loeffler's bacillus. It may regain its virulence. The virulence of the diphtheria bacillus depends on the alkaline reaction of the bouillon, on the age of the culture, on the size of the animal, and on the site of injection. The production of the diphtheria poison is only at first dependent on the original virulence of the culture and on the alkalinity. Oërtel differentiates two kinds of membrane: (1) Small greyish white or yellow points of deposit, which later become confluent, and spread to adjacent parts; and (2) besides these, an œdematous swelling of the tissues about which become dull in appearance, but still have a smooth surface. This dulling extends into the deeper parts, and the epithelium also assumes

an opaque colour. When this is detached it bleeds. This is malignant diphtheria. Leucocytes may accumulate in the deeper tissues, and produce necrotic areas, which may ultimately rupture on the surface. Antiseptics are applied in the first case in the form of spray (two to six per cent. carbolic acid) every two hours. In the latter case caustics should be avoided. Decomposition of the membrane should be guarded against. The surface is swabbed with carbolic solution after removal of the membrane. The internal use of potassic chlorate is not recommended, but mercurial salts may be tried. Klebs has sought for a specific treatment (see *British Medical Journal*, November 11th, 1893, p. 1070). In the absence of bacteriological proof, the author thinks that some of the cases may not have been diphtheria. Klebs replies (*Deut. med. Woch.*, No. 48), giving details of the cases to show that they were genuine diphtheria. He adds that he has treated forty new cases in the same way, with only four deaths.—*British Medical Journal*.

**The Treatment of Tic-Douloureux.**—Dr. Jarre read a paper before the Académie de Médecine de Paris on September 5th on the subject of tic-douloureux, in which he attempted to establish on a definite basis not only the pathology and mechanism of production of this painful affection, but also the treatment, and he detailed the lines which he had adopted. He maintained that cicatricial lesions of the nerve were the cause of a large majority of the cases, and that the treatment consisted in attempting to remove the cicatrices. As a rule these lesions were situated in the alveolar region at the terminal extremities of the nerves. The most common causes of the cicatrices were chronic alveolar-dental inflammation and conditions brought about by the faulty development of the lower wisdom teeth. The treatment indicated in such cases is to remove a portion of the alveolus, together with the cicatrix which it encloses. The operation is best performed in three stages: firstly, the mucous membrane and periosteum covering the portion of the alveolus which is to be resected are turned aside; secondly, the piece of bone is removed; thirdly, the surface of bone exposed is well scraped. The wound is then washed out and dressed with a pad of cotton-wool

soaked in an antiseptic solution. The immediate results of the operation in Dr. Jarre's patients were at first a diminution in the number of attacks of pain, and finally, in four or five days, a total cessation of the symptoms. Ten cases, in which all other methods of treatment had been previously tried without success, completely recovered after this operation.—*Med. Record.*

**To Keep Baby's Milk.**—"After having been boiled, the milk destined for the use of a baby during the day ought to be kept in clean bottles containing from three to six ounces, up to the cork, and the bottles turned upside down and preserved in a cold place. Such a bottle will keep longer than milk preserved in the usual way. Before being used, it ought to be heated in a water-bath. By repeating this heating of the whole amount of the day's milk, several times during the twenty-four hours, fermentation will be retarded, and digestibility improved."—A. JACOBI, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis)—*Archives of Pediatrics.*

**Gastro-Intestinal Exhaustion.**—Among the many cases of gastro-intestinal disturbances which occur in warm weather, a certain number may be fairly considered as a class by themselves, due not to poisoning or errors in diet, but best described as cases of gastro-intestinal prostration. The clinical picture is fairly definite. The onset is slow, as a rule; indeed the patient is often unable to give a more accurate date of the beginning of his trouble than "the first of warm weather." There is no history of errors in diet or exposure to cold—as there is no sudden onset of acute symptoms. A general mild anorexia for a day or two, slight irregularity in the action of the bowels, and a little distress after taking of food, have hardly attracted any attention; but the continuance and gradual increase of a mild diarrhoeal tendency are the first symptoms heeded. The diarrhoea is unaccompanied by pain, though often attended with flatus. Diet when at all rational has but slight connection with the diarrhoea. The whole picture of the case when carefully noted is quite distinct from that of acute or sub-acute gastritis, due to irritant ingesta. There is no fever or vomiting, though there may be slight nausea.

The chief complaints of the patient are of the annoyance of the diarrhoea, and of a sense of weakness. The ordinary treatment of a gastro-intestinal catarrh is usually given with a gradual improvement of the patient toward fall. The noticeably good effect of a few cool days on the patient points to the rational explanation of the condition, the greater or less exhaustion of the nervous centres controlling the alimentary tract. The effect of heat upon the human system varies so much in different persons that it is not easy to trace the exact course of its workings. Some people are always "better" in summer; they like hot days, and with such people cases of gastro-intestinal exhaustion are not found. It is the person whose nervous system is below par, or easily exhausted by heat, who is troubled by this atony of all alimentary processes. Indeed, the digestion suffers only as a result of marked nervous exhaustion, affecting chiefly the great ganglionic centres of the sympathetic system. With this theory of the cause of the patient's trouble, the indications for treatment are seen to be quite different from those of an enteritis. The diet should, of course, be light and simple, but it should be abundant. The patient should be kept quiet, fed often and regularly, with varied but easily digested foods. Removal from a heated, noisy city to cool localities is of the greatest importance, and care should be taken to avoid overheating or exposure to the sun. The nervous system should be given all the rest possible, as in cases of general nervous exhaustion. Medicinal treatment should be not by cathartics and antiseptics for supposed ptomaines, but by thorough administration of nervous tonics and stimulants.—*Boston Medical and Surgical Journal.*

**Nitrate of Strychnine in Alcoholism.**—McConnell (*N. Y. Medical Journal*, June 3, 1893,) has used hypodermatic injections of  $\frac{1}{16}$  grain of the above drug in twenty-five cases of alcoholism. He concludes: Simultaneously with the use of the remedy the craving for alcohol in inebriates diminishes, and in a few days is completely gone. There is a gradual restoration to physical and mental health, but as most of the cases treated relapsed in from one to eleven months the inhibiting power of the remedy is not permanent. While we have in strychnine a true antagonist to the

action of alcohol, and one that will counteract its effects, the inebriate still requires aid which can scarcely be expected of drugs.—*The University Medical Magazine*, August, 1893.

**On the Treatment of Seminal Incontinence.**—The cure of few troubles affords more complete satisfaction to both patient and physician than that of seminal incontinence. A persistent effort is demanded of the latter, and a sincere desire for relief is necessary in the former. A man's virility is usually of such transcending importance to himself, and the imaginations of most men are so wrought upon by the disastrous results of spermatorrhœa portrayed in the clap-trap literature of special nostrum vendors, that one's depth of despair is only equalled by the intense gratitude for the relief obtained. Seminal incontinence is too often injudiciously or indifferently treated. In the first place, it should never be forgotten that the seminal loss is not a disease, but a symptom of a number of possible defects having other symptoms as well. In the second place, as a kind of corollary to the former statement, it should be remembered that no two cases can ever be treated exactly alike. The variety of its causes, the differences in its character, and the peculiarities of the patients afflicted, presuppose for it a varied therapy.

No one will deny that seminal incontinence is essentially a motor neurosis. Ah! that happy word neurosis. What a poverty of knowledge it conceals! what a wealth of ignorance it reveals! When at last we are driven to cover, how safe one feels to call an unknown and unexplained disease a neurosis. What is a neurosis? So far as I can comprehend, it seems to signify an abnormal expression of nerve-force, an unaccountable activity in the function of nerve centres. Apparently this activity may be more or less than what obtains in health, but it seems always to be in the line of the normal function. But why are not all nervous affections, organic as well as functional, neuroses? A diseased sensory centre, for instance, never reveals motor symptoms, though every kind of organic lesion may disturb more or less the normal function of that same centre. To call a disease a neurosis is to confess that it has an organic cause of which we are still ignorant. The origin of the neuroses is usually reflex, and insanity from a mental shock is

as much a neurosis as headache from an eye strain. As our knowledge of pathology increases, the list of so-called neuroses will proportionately diminish. It would be fortunate for medicine if our knowledge of the physical bases of all troubles were sufficiently exact to enable us to abolish entirely so vague and inconsistent an expression as a "functional disease."

The causes of seminal incontinence are readily discovered if the patient is candid in his admissions and the physician searching in his examination. Patients most frequently exaggerate their trouble. It is physiological for an adult to lose a certain amount of semen three or four times a month. Usually this happens at night, as the result of an erotic dream, and is accompanied with an erection. We have all seen cases unnecessarily alarmed at this, and it is always a pleasant duty to allay the fears of such individuals. With men of robust constitutions the loss of semen every few days is physiological rather than otherwise. The same is true of those who lead continent lives, or suddenly cease a course of excessive sexual indulgence.

Of all the causes of seminal incontinence, overstimulation is the most common. Masturbation, excessive sexual intercourse, reading of lewd literature, filling the mind with sensual images, are some of the more ordinary means of overstimulation. One of my patients was a young Englishman who had been taking a cold spinal douche every morning. The cessation of this habit put an end to the spermatorrhœa. Masturbation is a cause often overlooked, for the reason that the patient denies the practice. It is not unwise to suspect this cause before all others, as it is by far the most common. A young man was recently brought to me by his mother because he was not seemingly improving under the care of his former physician. He was a bright and intelligent college lad, about eighteen years of age. He was sallow in appearance and extremely irritable in disposition. His pulse beat regularly, 130 to the minute, as I found after keeping him quiet a long time in my office. Having several weeks before undergone tonsillotomy, he said his physician attributed his condition to general debility, and prescribed a tonic and throat anodyne. Asking the mother to step out of the room, I charged the young man with masturbation. After a moment's surprise and



hesitation, he freely admitted the fact, and declared he was so ashamed of the habit that he had never told anybody of it before. His further confession showed that he had been a confirmed masturbator for a number of years, and that he had nocturnal emissions without erections. In such cases I find that the only way to secure a confession is to charge the patient with the fact, as though it were self-evident and concealment quite impossible. I have noticed that a frequent cause of seminal incontinence is the ingestion of large draughts of fluid just before retiring, together with the habit of sleeping upon the back beneath warm covers. I recall one of many instances of this that came to me in great alarm. The discharge was slight, and a mild tonic with the regulation of the patient's sleeping habits resulted in a cure. I have seen an enlarged prostate, a stricture, an elongated prepuce, hæmorrhoids and constipation, all give rise to seminal incontinence. When advanced in years, many men attribute the discharge to their age, with its attendant weakness and the diminution of sexual intercourse. In these cases an opinion ought never to be given without an examination of the prostate gland. Prostatorrhœa is not infrequently associated with seminal incontinence, especially as the posterior urethra is more or less inflamed and irritated near the openings of the ejaculatory ducts. Vesical calculi, fissure of the anus, and ascarides should always be remembered as possible causes. Any lesion that awakens an undue excitability of the genito-urinary centre in the lumbar cord, such as trauma, incipient ataxia, local meningitis, or hæmorrhage, may be the origin of the trouble. Cerebral weakness and psychic influences that remove the inhibitory control of the mind, such as senile dementia and insanity of various forms, may produce it. Many instances of psychopathia sexualis, cited by Krafft-Ebing, were troubled with unnatural seminal losses, and the possibility of some similar cause should always be remembered in every case not otherwise explainable. In these as well as in other weakened states of the system, the mere presence of the opposite sex, amatory conversation, shampooing of the head and the exhibition of a female fetic, are all capable of producing an involuntary emission. It requires much shrewdness to discover the neuropathic trouble underlying these simple exciting causes,

for the patient is oftentimes ashamed of his unusual sensibility, and strives hard to conceal it. It is these neuropathic cases that become so hypochondriacal and need the most encouragement. With them the disease is the result of the nervous disturbance rather than *vice versa*.

It seems to me quite needless to subdivide seminal incontinence into different varieties, as some writers have done. These subdivisions represent merely different degrees of the same trouble. The nocturnal is not essentially different from the diurnal variety, though it is apt to be more severe. The momentary environment of the patient obviously modifies the severity of the discharge, but that is no direct evidence of the severity of the disease. Each case must be studied in its entirety, and its symptoms taken *en masse*, before a candid opinion can be given in regard to its prognosis. The only practical subdivision is into seminal incontinence, spermatorrhœa and impotence, since one or all may be present in the same case. The semen consists of the products of several glands, and its loss is not indicative of so profound a disturbance as spermatorrhœa, though spermatozooids are always found more or less in it. Spermatorrhœa is a serious affection, and consists of the frequent discharge of the products of the testicles along with the semen. Sometimes the spermatic fluid is voided several times a day, especially with the acts of micturition and defecation. Impotence, or the absence of the power of erection, may be the result or mere accompaniment of seminal incontinence. It is usually associated with a profound degree of functional disturbance of the genital apparatus, and the fear of becoming impotent is the most frequent source of alarm among those affected with spermatorrhœa. Aspermatism, however, is sometimes present when the power of erection is altogether perfect. Certain general symptoms point to spermatorrhœa. It may be surmised when the patient complains of great weakness, headache, dizziness, troublesome dreams, occasional chilliness, extreme restlessness, general irritability, inaptitude for business, difficulty of concentrating the attention, palpitation of the heart, heavy breathing, an unnatural distaste for society, and a marked depression of spirits; in a word, all the subjective symptoms of a severe neurasthenia. In addition to his feelings, the patient will show an

outward irritability and restlessness, his physique is wan and wasted, his skin is not clear, but tawny and dark, his gaze is unsteady and "sheepish;" he is easily startled by a sudden noise; the pulsations of his heart are excessively rapid, and his countenance portrays distress and anxiety. He is subject to continuous slight tremors; he is irregular in his gait; and he assumes the manner and attitude of a hypochondriac. Such a picture would at once justify a suspicion of spermatorrhœa. Should the patient now admit the fact, his attendant may tell him that, as his trouble progresses, his mind will become enfeebled, his memory for names and places will weaken, his physical strength will continue to diminish, his muscular tissues will grow flabby, his appetite will become capricious, his eyesight dull, and his hearing annoyed with constant tinnitus, his headaches will be more severe, his nerves will lose their steadiness, his nights will be wakeful, and his whole being, both physical and mental, will become a complete wreck. As the moral treatment is so important in this trouble, we are justified in painting the ultimate result of the disease as black as possible. We should tell the patient that he runs the chance of losing his virility, that the spermatozoa will finally disappear entirely from his semen, while the latter will flow continuously from him that he may become completely impotent, and that the consummation of marriage will be for him a thing totally impossible. If he be a masturbator, the lesson may be still further impressed by referring to the large number of cases of epilepsy and insanity attributed to this vile practice.

In marked contrast to this dark outlook, we may assure the patient that with persistent, well-directed effort, no case of spermatorrhœa can fail to recover to a large extent, and that nearly all can be restored to a condition of almost perfect health. Having thus plainly addressed the patient, especially if he be a young man, upon the fearful results of the disease if permitted to go unchecked, and at the same time encouraged him with the hope of a complete cure, we have already accomplished more than half of that hopeful result. I know there are medical men who say these cases are beyond redemption, and that they have not the will-power to persist in the treatment or to resist the baleful practices that originally brought them to their present state. I am persuaded that this is not true

of the majority, for I find that most of them are sincere and determined in their desire to get well, and need only the proper assistance to enable them to do so.

First and foremost in the treatment of seminal incontinence, I place moral and hygienic means. Masturbators who cannot be wholesomely frightened with the ultimate results of their evil practices, are indeed hopeless cases. In every instance the cause must be discovered before any satisfactory progress can be anticipated. It will be absolutely useless to attempt moral or hygienic measures if the trouble were dependent upon an incipient ataxia, dementia paralytica, enlarged prostate, or stricture. A most exhaustive examination must be made for every possible reflex cause, and it must be removed before everything. Where these reflex causes are absent or have been entirely overcome, my chief reliance is upon the use of the bath, proper rest and exercise, the passage of the sound and the administration of atropia and the bromides. I know of nothing so effective as these measures to conquer an obstinate seminal incontinence.

The patient should be instructed to avoid every kind of stimulus and over-fatigue. Anything that is likely to irritate the genital organs, such as tight clothing, bicycle and horseback riding, should be refrained from. His food should be of the blandest and most nutritious sort. Tea, coffee, alcohol and tobacco must be abandoned for a time. He must take a light, dry diet, and abstain from drinking large quantities of fluid before retiring at night. It would be a good plan for him to set the alarm-clock to awaken him a couple of times in the night to empty his bladder. He must sleep in a cool, well-ventilated room, with as little bed-clothing on him as possible. He should always occupy a bed alone, and cultivate the habit of lying upon his right side. It might be well to have the head of his bed turned toward the north, for there may be something in the notion that one sleeps better when the electric currents of the body and earth are parallel. A warm bath before retiring is soothing and tonic, while a rapid sponging of the whole person with cold water in the morning lends vigour for the day. Of course, all literature and pictures of a sensual nature must be rigidly eschewed; and, to keep the thoughts pure and healthful, it would be well for the patient to acquire a hobby to which



he could turn for amusement in his leisure moments.

In all cases of seminal incontinence there is more or less inflammation of the prostatic urethra and irritability of the whole canal. If this be severe the patient will describe a kind of burning, sore sensation at the end of the penis, and he will complain of the frequency with which he has to pass his water on account of the uncomfortable sensation of an over-distended bladder. If these inflammatory symptoms are at all pronounced, hot sitz-baths, soothing oleaginous injections, and the free use of cathartics would be advisable. Leeches or blisters to the perineum are necessary at times. I am convinced there is no better treatment for the irritability of the posterior urethra, after the more acute symptoms have subsided, than the frequent passage of the sound. At first this should be done at intervals only of two or three days, the instrument being retained for two or three minutes. Later on it should be introduced daily, and held in the urethra for fifteen minutes. In inexperienced hands a small soft sound or catheter should be first employed, and larger ones used as the mucous membrane becomes more tolerant. Better, however, than the soft instruments are the steel sounds, when carefully introduced, since they are less painful to pass and are more vigorous in their therapeutic action. The resisting contact of a solid body against the mucous membrane of the urethra greatly lessens its sensibility, while the gradual increase of the size of the instrument as the treatment proceeds, helps to relieve the congested blood-vessels. If there be any strictures present, as there are apt to be in all odd cases, these, as well as the exudative thickening of the urethral membrane, are more or less reduced. I wish to recommend most emphatically the use of the bougie in the treatment of seminal incontinence. If there be any pronounced impotence of a neurotic origin, the passage of the feeblest possible electric current through the steel sound while it is *in situ* will in some cases prove beneficial, but only the mildest currents should be employed. This, however, as well as Trousseau's rectal pessary, at one time as popular, will rarely if ever be needed, since other means are quite as effective.

Without the measures already recommended, the use of drugs alone will surely end in failure. It is

astonishing how few of the many medicaments suggested for this trouble are really efficacious. Lupuline, cimicifuga, ergot, camphor, conium and similar remedies have seemed to me to afford only a temporary relief, if any at all. Atropia, the bromides, and strychnia are the medicines I place most confidence in. Of these, atropia stands by all odds at the head. By checking the activity of the seminal glands the alkaloid of belladonna enables them to recover their wonted tone and function. A pill containing gr.  $\frac{1}{30}$  or gr.  $\frac{1}{50}$  of atropia should be administered every night at bedtime, so that the patient may sleep through the unpleasant sensations which this drug sometimes gives rise to. So satisfactory have I found the use of atropia in this way that I would rather discard every other medicine than it. Sometimes it is well to exhibit, together with the night pill, another in the morning containing a smaller quantity of the drug, say gr.  $\frac{1}{60}$  to gr.  $\frac{1}{100}$ . While employing this remedy the attendant must, of course, closely watch the state of the pupils as a guide to the quantity being ingested. The bromides are frequently effective, but they must be given in massive doses. The potassium bromide may be administered in drachm or drachm and a half doses at bedtime, and diminished upon the first indications of bromism. This salt alkalizes the urine and blunts the reflex irritability of the spinal cord. At times the other bromides are admirably borne. Some patients, especially the neurasthenic ones, tolerate the mono-bromide of camphor in five or ten-grain doses. I have no experience to confirm the high recommendation by Hecquet of ferric bromide in three and five-grain doses. In anæmic cases this would doubtless be a most eligible form in which to administer the bromide. Antipyrin, cocaine, tincture of hops and dulcamara are all anaphrodisiacs, more or less valuable in neurotic cases. Ergot has been highly lauded in the relaxed condition of the genital organs associated with a continuous discharge. I have not seen the permanent good results, however, that have been claimed for it. Where there is a deficiency in the nervous tone I find the strychnia meets the demand most completely. This powerful spinal cord stimulant should not be considered until all the signs of inflammation and irritability have been removed, and the patient's general physique indicates a return to its former vigour. In



doses of gr.  $\frac{1}{60}$  to gr.  $\frac{1}{30}$  it then acts most happily in restoring the normal functions of the genital glands. Of course the use of iron, especially the tincture of the chloride, arsenic, cod liver oil and corresponding systemic tonics, will commend themselves in properly selected cases. The patient's general health must be built up in every way so that a strong constitutional background may be afforded for the improvement of the genital functions. Electricity is a valuable agent in this connection, especially when applied in the manner of general faradization and central galvanization with mild currents.

I have never found it necessary to use other local means of treatment than the bougie; hence I will say nothing of the various injections proposed containing nitrate of silver, tannin, hydrastis, etc. Such injections ought always to be used with the greatest caution, as strictures, impotence, and even death have been caused by them when too strong. They are not only troublesome to carry out perfectly, but I believe are less effective than the earnest, persistent use of the sound. I am assured that with patience and perseverance few cases of seminal incontinence can resist the combination of moral, hygienic, instrumental and medicinal measures outlined above.—L. HARRISON METTLER, A.M., M.D., Chicago, Ill., in *Medical Record*.

### SURGERY.

**How to Give a Fomentation.**—Doubtless every physician knows how to apply a fomentation, yet the following suggestions may be of interest to some one (*Jour. Bact.*): A flannel cloth may be folded, wrung out of hot water and applied directly to the skin; nevertheless, it is much better, after wringing out the flannel as dry as desired, to fold it in a dry flannel cloth of one or two thicknesses before applying it to the patient. A little time is required for the heat of the fomentation to penetrate the dry flannel, and thus the skin is allowed an opportunity to acquire tolerance for the heat, and a greater degree of temperature can be borne than if the moist cloth is brought directly in contact with the surface. The outer fold of dry flannel will also serve to keep the cloth warm by preventing evaporation.

A fomentation is sometimes needed when no hot water is at hand. It is not necessary to wait for water to be heated in the usual way. Soak the flannel in cold water, wring as dry as desired, fold in a newspaper, and lay upon the stove or wrap it about the stovepipe. In a few minutes it will be as warm as the patient can bear. The paper keeps the pipe from becoming moistened by the wet flannel, and at the same time prevents the flannel from being soiled by contact with the pipe.

Fomentations thoroughly applied will relieve most of the local pains for which liniments, lotions and poultices are generally applied, and are greatly to be preferred to these remedies, since they are cleaner and aid nature more effectually in restoring the injured parts to a sound condition.—*North American Practitioner*.

**Syphilitic Spinal Paralysis.**—Oppenheim (*Berl. klin. Woch.*, August 28th, 1893) refers to the syphilitic spinal paralysis recently described by Erb. The gait is stiff-legged, although there is relatively little muscular rigidity, the tendon reflexes are increased, but the motor loss is not so great as the gait would lead one to expect. Unlike ordinary spastic paralysis, there is almost constant weakness of the bladder, diminished sexual power, and slightly marked sensation troubles. The condition develops in the course of months or years, or sometimes more rapidly. Sometimes there is great variation in the symptoms. Improvement may occur after inoculation. The patients mostly do not become paraplegic, as in transverse myelitis, or, if they do, the paralysis improves. Erb thinks it due to a partial horizontal lesion in the dorsal cord. The author says that myelitis plays an important part in the clinical history of spinal syphilis. It has a tendency to improve, to get well, or it may remain stationary. Recent researches in spinal syphilis have shown that the chief form consists in a meningo-myelitis, the lesion starting in the membranes. Erb thinks that the disease described by him has nothing to do with meningitis, but the author would look upon it as a relatively favourable form of this meningo-myelitis, more or less localized in the dorsal region. The meningeal affection as well as the changes in the cord, so far as they are syphilitic, may clear up, and only the after-results

remain, namely, the myelitis, and especially, secondary degenerations. Pathological anatomy has demonstrated the lesion limited to the dorsal cord. Thus the author would look upon this syphilitic spinal paralysis as a stage or a special localization in this meningo-myelitis. Only a few cases correspond to Erb's description, for they mostly show more extensive symptoms. The author hardly regards the prognosis as very favourable. The symptoms are not absolutely characteristic, but the fluctuating course of the disease, the effect of treatment, and the existence of (1) present or past cerebral symptoms, (2) meningeal irritation symptoms, (3) manifestations pointing to several foci of disease, or (4) the undeveloped symptom complex of Brown-Séquard's paralysis, are more definite guides to the differential diagnosis.—*Brit. Med. Jour.*

**Hæmatoma of the Liver.**—This child (about five years old) was brought here two weeks ago with the history that she had been perfectly well until a short time ago. We found a prominence just over the liver, quite circumscribed, like what we see in cases of sanguineous tumours of the head, the so-called cephalhæmatoma of the newly-born. The outlines were quite steep, the size of the tumour being about half that of the hand. There was a sensation of fluctuation which tempted me later to run an aspirating needle into it. There had been no fever, no history of a fall, all the functions seemed normal, the bowels moved, the appetite was fair. The swelling over the liver was but little painful. I inserted an aspirating needle, and what do you think was obtained? "Fluid from a cyst." No. The tumour had developed quite suddenly, without temperature, without much pain. What could you expect? "Blood." Yes, blood, and nothing else. Undoubtedly the hæmorrhage had been beneath the peritoneal covering of the liver, for it appeared to move a little with respiration which it certainly would not do if it were in the subcutaneous tissue. Since that time the child has been kept quiet, and the tumour does not seem to be quite so circumscribed. It might have torn the peritoneal covering of the liver and extravasated along the intestine. But in that event the

hæmorrhage would probably have been very copious, and the child would have become very anæmic, exsanguinated. I have seen that happen, particularly in the newly-born. Now and then hæmorrhage from the liver is seen, which results in speedy death, usually because simply there is no end to the hæmorrhage. The blood of the newly-born does not coagulate so easily, and therefore when in them hæmorrhage takes place, for instance, into the brain, it is very copious, and may be seen on the surface or in the interior, and it may extend down into the spinal canal.

My impression is that in the present case there was a hæmorrhage under the peritoneal covering of the liver, that this caused a local peritonitis just as you have a periostitis when hæmorrhage takes place between the bone and periosteum: this peritonitis gradually extended downward to the point where we now feel a local hardness below where previously the tumour ended abruptly. The peritonitis, causing exudation and thickening, and also adhesions, left a still larger tumour.

But we notice something more in the case: there is an effusion into the abdominal cavity. Why should that be? There are two possible reasons. "Compression of the portal vein." That might be a cause, and I think it probably is the chief cause, and it will cease to act only when the pressure shall be removed. The other cause is the peritonitis itself. If we had to deal with a compression of the portal vein, the absence of enlarged veins around the umbilicus shows that in her case the umbilical vein with its small branches was quite obliterated immediately after birth.

I think we had better let the child alone. She should be kept very quiet. The bowels ought to be kept open—not by purgatives, but by injections. Why not by purgatives? "In order not to excite peristalsis." Yes, for peristalsis might easily rupture the adhesions and newly-formed blood-vessels and cause hæmorrhage into the free abdominal cavity and general peritonitis. A few doses of opium during the day would keep her quiet, while a larger dose should be administered at night. As to the absence of pain, we know that a good many cases of peritonitis are unattended with pain, just as some are unattended with fever.—A. JACOB, M.D., in *Archives of Pediatrics*.

## GYNÆCOLOGY.

**Hydrastinine in Uterine Hæmorrhage.**

—Gottschalk, *Brooklyn Medical Journal*, says hydrastinine may be employed :

1. First of all, in those uterine hæmorrhages which are traceable to a pronounced congestion of the uterus. To these belong, above all, the often very profuse menorrhagias of spinsters, in whom there is no pathological change in the condition of the genitals. In some of these cases it is possible to obtain a permanent result, so that even after discontinuing the remedy the menstrual flow remains smaller.

2. Also in hæmorrhages which have their pathological and anatomical cause in endometritis, hydrastinine will lessen the quantity of blood ; but here, according to Gottschalk's experience, the action is only palliative, not being sufficient alone to cure the local cause of the trouble.

3. For prophylactic or intermenstrual use, hydrastinine is useful before or during the first returning profuse menstruation after an abrasion of the uterine mucosa. It is well known that this men-

struation, usually occurring after six weeks, is often very profuse. In the very cases where there was a great loss of blood before the operation, it is of great importance to prevent further profuse hæmorrhage. This is possible if the treatment with hydrastinine is begun several days before the expected menstruation, and, if necessary, continued during the duration of the menstruation.

4. Menorrhagias caused by retroflexio uteri are best treated by correction of the malposition ; but for cases of fixed retroflexion, where the reposition is not yet possible, hydrastinine is a commendable remedy.

5. Secondly, uterine hæmorrhages—*i. e.*, those caused by a change of the adnexa and their surroundings—offer a large field for the successful use of hydrastinine. To these belong the menorrhagia and metrorrhagia with pyosalpinx, oöphoritis, ovarian tumours and exudations. Of course the cause of the trouble is not influenced by the remedy.

6. Climacteric menorrhagias are much diminished by a faithfully carried out hydrastinine treatment. —*Atlanta Medical and Surgical Journal*.

[OVER.]

**A MOST VALUABLE TONIC IN CONVALESCENCE****WYETH'S BEEF, WINE AND IRON.**

A QUARTER of a century has almost elapsed since Messrs. Wyeth & Bro. first introduced to the attention of the medical profession, the preparation known as Beef, Wine and Iron, and although claiming no proprietorship in the name, its excellent therapeutic properties have commanded an increasing sale from year to year. The remarkable success achieved is due to the fact that, when properly prepared, it combines in a high degree, the properties of a Nutrient, Stimulant and Tonic. To render it efficacious, the Beef Essence entering into its composition must be prepared with intelligence and care. Discretion is requisite in selecting the Sherry Wine, and the two must be combined with the Iron in such a manner that the latter will be held in solution, all of which can be successfully accomplished only by means of an extensive plant such as that which they possess.

Beef, Wine and Iron, as they prepare it, is substantially a universal tonic, and will be found available in nearly all debilitated conditions. Pure Sherry Wine and Fresh Beef being used, it is entirely free from the disagreeable taste and odour characteristic of those products made from the extract of beef.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Wine and Iron, properly prepared, has proven more uniformly beneficial than any combination we have ever known.

**CAUTION.**

WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some "not over scrupulous" Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine, in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

**DAVIS & LAWRENCE CO., LTD. MONTREAL, CANADA**  
**SOLE AGENTS.**



### Personals.

Dr. J. McBride, of Heathcote, is attending the Polyclinic in New York.

Dr. Sylvester has left Galt, and taken up his residence on Bloor Street, Toronto.

Geo. Acheson, M.A., M.B., has removed from Frenton, and taken up practice at Galt.

Dr. E. H. Boulter, ex-M.P.P., of Sterling, Ont., died on January 11th of congestion of the lungs.

Dr. J. Orlando Orr has been elected a Fellow of the Laryngological and Rhinological Association of Great Britain.

Dr. Harrison, of Selkirk, President of the Canadian Medical Association, is on a fair way to recovery from an attack of acute influenza.

### Obituary.

DR. ROLPH LESSLIE.

Dr. Rolph Lesslie, son of ex-Postmaster Joseph Lesslie, and brother of Joseph W. Lesslie, M.D., died on the island of Dominica on Dec. 20, 1893.

Rolph Lesslie, M.A., M.D., was a graduate of

the University of Toronto, Canada; L.R.C.P. England; fellow of the Royal Geographical Society, London; chevalier of the Order of Leopold, chevalier of the Order of the Congo Star, instituted for the reward of distinguished service in Africa, Order of the Medjidie 4th class, Turco-Servian, Turco-Russian and Zulu war medals; educated at University of Toronto, St. Thomas Hospital, London, Vienna and Berlin; served as Surgeon-Major with the Turkish army during the Servian war, and was present at the siege and capture of Alexinatz; accompanied the victorious army on its march from Alexinatz to the Danube across the Balkan mountains.

During the Russo-Turkish war, served with the Red Cross ambulance, attached to Dervish Pasha's army covering Batoum, where he saw some hard fighting, and with his colleague, Surgeon Hope, accompanied the attacking column on one occasion, attending the wounded under heavy rifle fire. For the services they rendered in this battle, they were publicly thanked by Field Marshal Dervish Pasha, and recommended for the Order of the Medjidie, which they afterwards received

[OVER.]

## The LYMAN BROS. & CO. (Ltd).

### CHLOROFORM

PURE. Lyman's S. G. 149.

AND

### ETHER SULPHURIC

PURE. Lyman's S. G. 725.

### FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late Dr. J. H. McCollum says of our CHLOROFORM, "that during the nearly fifty years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by **The LYMAN BROS. & CO., Ltd.**, was administered to about *one thousand* annually, and in no case had we fatality from it. *I have also used it for thirteen years* in private practice."

Dr. T. G. Johnston, *Sarnia*, says: "For the last six or seven years I have used no other Chloroform than that manufactured by **The LYMAN BROS. & CO., Ltd.**, both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

### WE CLAIM THE FOLLOWING ADVANTAGES

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

Dr. C. O'Reilly, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by **The LYMAN BROS. & CO., Ltd.**, has been extensively used for anæsthetic purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

Dr. James F. W. Ross says: "I have overcome my former prejudice against Ether, but **The LYMAN BROS. & CO., Ltd.**, are now supplying an article put up in  $\frac{1}{4}$  and  $\frac{1}{2}$  lb. tins equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

### WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

(When ordering, specify LYMAN BROS.)

The LYMAN BROS. & CO. (Ltd.) = TORONTO.

After two months' service in the Georgian mountains, and witnessing various unimportant skirmishes, Dr. Lesslie was ordered to Kars, and rode from Trebizond to Erzeroum over the road by which the 10,000 Greeks retreated. At Erzeroum he received orders to return to Constantinople, whence he was again ordered to the front to join the army of the Shipka pass, where he again saw hard fighting and rendered good service. Thence he was sent to join the army for the relief of Plevna, and was present at the battles of the Kamarli pass and Taskeshan, where Baker Pasha, with a small force, kept Gourko's army at bay until the retreat of the Turkish army was secured.

From Taskeshan, he accompanied Suliman's army on its memorable retreat, in the depth of winter, across the Rhodope Balkans to the Aegean Sea, and finding the medical service of the army disorganized, attached himself to the rear guard and attended the wounded under fire during three of the actions in which the rear guard was engaged.

At the close of the war, Dr. Lesslie was appointed medical officer to the Turkish Compassionate Fund (organized by the Baroness Burdett-Coutts), and

for three months was in medical charge of 7,000 refugees in the mosques of St. Sophia and Sultan Achmet. He afterwards served with the English army during the Zulu war, but was not present at any of the engagements. He accompanied Clarke's column on its march to Ulundi and return to the coast, and was attached to Major Martyr's party of Dragoons during the first portion of their chase after Cetewayo.

For the next two years he held resident hospital appointments in London and Trinidad, and after a visit to India, China and Australia, went to the Congo with Major-General Sir F. Goldsmid on a special mission for the King of the Belgians. On his return to Europe he was thanked by the King for his services, and was sent out to Africa again with Sir F. de Winton as principal medical officer of the Congo Free State.

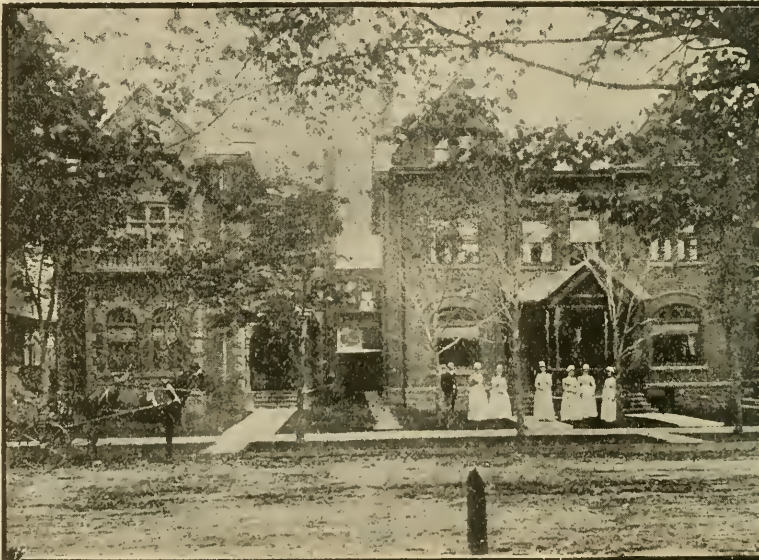
After two years' travelling and hard work in the heart of cannibal Africa, varied by occasional fighting with hostile natives on the Upper Congo and its tributary, the Kasai, Dr. Lesslie was again thanked by the King for his services and personally decorated by His Majesty with the Order of

[OVER.

# ROTHERHAM HOUSE

## Dr. Holford Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses for outside work on application.

For Terms, or other information desired, address

**DR. HOLFORD WALKER, Isabella St., TORONTO.**



Leopold. A year later he received the Congo Star, an order instituted by the King to reward special service in Africa.

After five months' study in Berlin, and seven months' travel in Italy and Austria in medical charge of Sir R. Burton, the great traveller and orientalist, he went for a tour around the world, visiting India, Siam, China and Japan en route. He afterwards visited Chili, in South America, and made a voyage up the Amazon.

### Miscellaneous.

UNDEVELOPED MAMMÆ AND IRREGULAR MENSTRUATION WITH GENERAL DEBILITY.—W. B. Mask, M.D., writes:—"I prescribed Sanmetto to my daughter in teaspoonful doses three times a day, who had been in a debilitated condition for two years. The history of her case is as follows: Age, 17 years; menstruated at the age of 14 years; her general health good up to that time, but two and one-half years ago I noticed a decline in her health. I also learned there was some irregularity in menstruating, and while in this debilitated con-

dition she received quite a nervous shock, owing to the death of her little brother. Since that time I have used various remedies to build her up, but her menstrual flow, as a rule, was scant, and the mammaries had not developed as my other daughters' did. She was troubled with a torpid liver, together with obstinate constipation. She complained of pain in right hypochondriac and left iliac regions. I could not discover any benefit from the use of the first bottle of Sanmetto, but hoping that it might prove beneficial, I continued its use. It affords me much pleasure now to report the result obtained from Sanmetto in the case. Since using the last bottle she has mended wonderfully, indeed, and is to-day in better health than she has been for three or four years; has gained several pounds, ovarian neuralgia almost entirely gone, and mammaries developing nicely."

#### RECENT CORYZA:

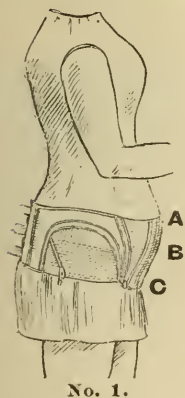
R Morph. hydrochlor. . . . . 2 gr.  
Bism. subnit . . . . . ʒvi.  
Pulv. acacia . . . . . ʒij.

Sig. Use as snuff.

—*Maryland Med. Jour.*  
|OVER.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

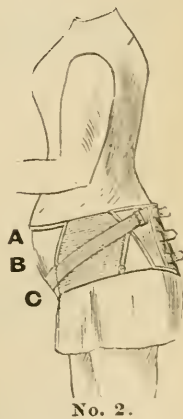


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. Once used, would not be without it for many times its cost.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. L. PICKERING

BOX 149,

BRANTFORD,

ONTARIO.



## TONIC FOLLOWING LA GRIPPE :

R Elixir quinae ferri et strychniae.  
 Syr. hypophos co ..... āā ʒiv.  
 Liq. pot arsenitis ..... ʒi.  
 Extr. malt ..... ad ʒxvi.

M. Sig. Quart. drachm ante cibos in aqua.

—A. V. BURNS, M.D., in *Medical Summary*.

ANTISEPTIC VARNISH.—Berlioz (*Jour. de Med. et Chir. Pratiques*) prepares an antiseptic varnish which he terms Steresol, by mixing the following ingredients :

Purified shellac .....	279 gram.
“ benzoin.....	10 “
Balsam of Tolu .....	10 “
Crystallized carbolic acid .....	100 “
Chinese essence of canella .....	6 “
Saccharine .....	6 “
Alcohol.....	to make 1 litre.

This dressing is employed in regions which cannot be bandaged in the ordinary fashion.

—*Med. and Surg. Reporter*.

## FOR ORDINARY WINTER COUGH :—

R Ext. Chekan ..... fl ʒiss.  
 Ext. Collinsonia ..... fl ʒj.  
 Syr. Simplicis.....ad ʒiv.

Sig. : Take a teaspoonful every four to six hours

—Dr. W. A. JOHNSON, in *Therapeutic Gazette*.

DANGERS OF SUBCUTANEOUS INJECTIONS OF PILOCARPIN.—Rémy (*Rec. d'Ophthal.*, October 1893) relates a case of white atrophy of the optic nerves in which pilocarpin had been ordered for subcutaneous injection. The effect of the injection was most alarming to the patient, but treatment was continued, and the number of injections was increased. Finally, shortly after one injection, the patient fell back dead. In another case pilocarpin was given subcutaneously to hasten recovery from a cerebral embolism ; after its use the patient was seized with a series of epileptic attacks, which passed off when the drug was discontinued. The author relates other cases which have come to his knowledge of dangerous symptoms following the subcutaneous use of pilocarpin.—*Brit. Med. Jour.*

[OVER.]

# MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says :

“I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen**. It is constructed on the hygienic and anatomical principles, and is a great boon to ladies.” . . . . .

PROMPT ATTENTION GIVEN TO ALL ORDERS

WRITE OR CALL

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

## BRONCHIAL AFFECTIONS :

R Phenol salicyl. or cinchonid salicyl. 3-5 gr.  
 Terpen hydrate ..... 3-5 "  
 Cocainæ sulphatis. ....  $\frac{1}{12}$  -  $\frac{1}{8}$  "

Misce et ft. one capsule.

Sig. One capsule in water every two to four hours.

—DR. S. SOHO-COHEN, in *Maryland Med. Jour.*

## NAPOLEON THE FIRST'S MEDICAL ADVISERS.

—From a curious work by M. Maze-Sencier, entitled "Les Fournisseurs de Napoléon I<sup>er</sup>," we glean a few details concerning the *petit caporal's* physicians, surgeons, chemists, dentists, corn-cutters, etc., who cost him annually the sum of 201,700 francs. His chief physician (Corvisart) received 30,000 francs, *plus* 4,500 francs for office expenses: Hallé, his physician-in-ordinary, received 15 000 francs; Lanfrancque, Guillouneau, Ler-

minier and Bayse, who took duty in turns at the Infirmerie Impériale, were each paid 8,000 francs; four other practitioners, who acted as consulting physicians (Malet, La Pieux, Pinel and Aubry), received each a salary of 3,000 francs; the chief surgeon (Boyer) was paid 15,000 francs, and the surgeon-in-ordinary (Yvan) 12,000 francs. It was Yvan who dressed Napoleon's wound at Ratisbon in the year 1809, and his portrait appears in Gautherot's picture—now at Versailles—of the incident. The four surgeons of the Imperial Infirmary were Horeau, Vareillage, Lacouenère, and Ribes, and the pay attached to their office was 6,000 francs. Napoleon's surgeon at Saint-Cloud, which he frequently inhabited, was Lassoujade, who received 4,500 francs. Each of his consulting surgeons received 3,000 francs; they were Pelletan, Percy, Sabatier, and Dubois. It was Dubois who was in attendance on the Empress, Marie-Louise, in her confinement. The process being long and laborious, he communicated his anxiety on the subject to the Emperor, whose reply was, "Faites comme si vous aviez affaire à

[OVER.

# LAKEHURST SANITARIUM

## OAKVILLE, ONT.



FOR THE TREATMENT OF

## INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
 OAKVILLE.

une bourgeoise de la rue Saint-Denis; surtout, Dubois, sauvez la mère." The case did well, and the Emperor, delighted, told Corvisart to ask Dubois what reward he desired for his services. The latter, who was evidently a man of a practical turn of mind, gave the following modest reply: "Dis à l'empereur que je désire beaucoup d'honneurs et beaucoup d'argent." Let us hope that a *douceur* of 100,000 francs and his elevation to the rank of baron satisfied the cravings of the ambitious accoucheur for advancement. Napoleon had also his *chirurgien-pédicure*, whose salaries were respectively 6,000 francs and 2,000 francs. Seven *pharmaciens*—one being at Saint-Cloud—received an aggregate sum of 23,000 francs per annum. The Emperor professed a disbelief in medicine, and frequent discussions on the subject took place between him and Corvisart, who, true to his courtier instincts, always allowed himself to be convinced by his Imperial master's arguments. Corvisart, however, had his revenge when he cured him of scabies caught at the siege of Toulon. The playful sarcophytes is evidently no respecter of persons.—*Med. Record*.

#### NOSE SALVE IN ATROPHIC RHINITIS.

R Anise oil ..... mxx.  
 Beechwood creasote ..... mxx.  
 Vaseline ..... ʒi.

Misce et ft. unguentum.

Sig. Place small piece in one nostril; close the other and take a deep inspiration.

—JOHN DUNN, M.D., in *N. Y. Medical Jour.*

Dr. Thomas Speers, 183 Queen Street West, wishes to dispose of a full set of obstetrical, surgical and microscopical instruments. These are all in excellent repair, having been kept with the greatest care. Physicians and students requiring any would find it of advantage to themselves to inspect them.

### Births, Marriages, Deaths.

#### DEATH.

LESSLIE.—At the island of Dominica, West Indies, on December 20, 1893, of fever, Dr. Rolph Lesslie, in his 42nd year.

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. SCOTT'S EMULSION remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by SCOTT & BOWNE, Chemists,

132 South Fifth Avenue, New York.



# WYETH'S RED GUM LOZENGES.

ASTRINGENT, STYPTIC and ANTISEPTIC.

It has been a matter of surprise to us that the use of Red Gum has been so limited among physicians of the United States and Canada; in Great Britain and on the continent it is largely prescribed with most flattering results, while in Australia it is used to the exclusion of almost every other vegetable astringent.

Red Gum is the resinous exudation from the bark of the Eucalyptus Rostrata found in Western Australia. In the form of a Lozenge, it is admirably adapted and effective as a remedy in all cases of relaxed Uvula, inflamed Mucous Membranes and Bronchial Tubes, ulcerated Sore Mouth and Gums, and its local action as an astringent, styptic and antiseptic, is most marked; its peculiar styptic effect upon all mucous surfaces, particularly the fauces, deadens the sensibilities, thus sheathing and producing a soothing, calmative effect, lessening the tendency to cough and relieving the soreness. We know of no Lozenge or combination that Messrs. Wyeth have heretofore placed before the profession that has so many elements of merit, or is so effective in its action.

DOSE.—A Lozenge to be allowed to dissolve slowly in the mouth every two or three hours, or two or three may be taken in succession if the cough is severe and irritating.

Put up in Boxes Containing 50 each.

**DAVIS & LAWRENCE CO. LIMITED, MONTREAL.**

SOLE AGENTS FOR CANADA.

## FELLOWS' HYPO-PHOS-PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

### To the Medical Profession of Canada . . . .

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are found upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

#### PECULIAR MERITS.

- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.  
 SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.  
 THIRD.—Its agreeable flavour and convenient form as a Syrup.  
 FOURTH.—Its harmlessness under prolonged use.  
 FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

#### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnea is so salutary that they sleep for hours after the first few doses.

Prepared by **JAS. I. FELLOWS, CHEMIST.**

Offices and Laboratories: St. Antoine St., Montreal; 48 Vesey St., New York, U.S.A.; 8 Snow Hill, London.

# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year===Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th.

The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**CLARENCE C. RICE, M.D., SECRETARY,**  
**F. E. FARRELL, SUPERINTENDENT.** 226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.

# SHORTHAND

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

## **Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

# **BUSINESS**



# Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

## MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## CHEMICAL LABORATORY.

## Dr. A. R. Pyne,

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each,	\$2.00.
Milk, quantitatively - - - -	2.00.
Water and Urine, quantitatively, each -	5.00.

SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

## A. R. PYNE, M.B.

University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).

# Chicago Polyclinic and Hospital

A CLINIC SCHOOL FOR . . . . .

. . . PRACTITIONERS OF MEDICINE

THE Institution is thoroughly equipped for post-graduate instruction in all branches of Medicine and Surgery. The upper floors of the large building are fitted up and used for hospital purposes, accommodating 100 beds. The lower floors are divided into clinical rooms, and are provided with every practical and scientific device for examination and treatment of the sick. The new Pathological Laboratory has been recently furnished. Practical Anatomy and Operative Surgery are also taught.

For information, or the Announcement, apply to the Corresponding Secretary,

MOREAU R. BROWN, M.D.,

174-176 CHICAGO AVENUE,

CHICAGO, ILL.

## NOTICE TO THE MEDICAL PROFESSION

OF MANITOBA AND BRITISH COLUMBIA.



Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring Trusses or Surgical Appliances for diseases of the Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc., or an Artificial Limb for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

## AUTHORS & COX,

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses and Surgical Appliances.

# GRACE HOSPITAL (Homoeopathic) College and Huron Sts. TORONTO

This Hospital, the only Homoeopathic Institution in Canada, is situated in the most desirable portion of the city, accessible by street cars from every quarter, and capable of accommodating upwards of 100 patients. The building is extremely bright and cheerful, steam-heated throughout, and fitted with every modern convenience. To the west of the main building, and connected



therewith, is a large residence which is used as a maternity ward.

All cases suitable for hospital treatment, both medical and surgical, are received, and private patients are permitted the attendance of any qualified practitioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homoeopathic treatment.

**BOARD OF TRUSTEES:**—HIS HONOUR JOSEPH E. MACDOUGALL, *Chairman*; EDWARD GURNEY, ESQ.; W. B. McMURRICH, ESQ.; J. D. NASMITH, ESQ.; FRED. ROPER, *Secy-Treas.*, No. 2 TORONTO ST., TORONTO; MISS LOUISE BRENT, *Superintendent*; MISS F. E. SHANLY, *Secretary, Grace Hospital*.

## Kenny's Celebrated Hair Restorer.

A VALUABLE East Indian remedy. Restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. **50c. and \$1 a bottle.** Manufactured only by

SERGT.-MAJOR JAMES KENNY,

BRUNSWICK BLOCK,

370½ College Street, TORONTO.

For Sale by Druggists and Manufacturer.

--

Orders by Mail promptly attended to.

Arbitrations, Etc., Reported . . . .

. . . . Examinations taken outside of Toronto

**ALEX. DOWNEY**  
**CHARTERED STENOGRAPHIC REPORTER**

*Official Reporter Admiralty Court  
Official Reporter Col. Ph. and Sur., Ont.  
Commissioner for Quebec*

TELEPHONE 421

79 Adelaide St. E., Cor. Church St., = Toronto  
(FIRST FLOOR)

Medical Practice . . .

AND

. . . Property for Sale

In Western Ontario; fine roads; good country and village practice; farmers wealthy; practice last year was nearly \$1,000. All communications to be addressed to

J. E. B., 147 COWAN AVE., TORONTO.



**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

**60 COLLEGE STREET,**

**TORONTO.**

**DR. TEMPLE'S****Private Hospital,**

**BELLEVUE HOUSE,**

**87 BELLEVUE**

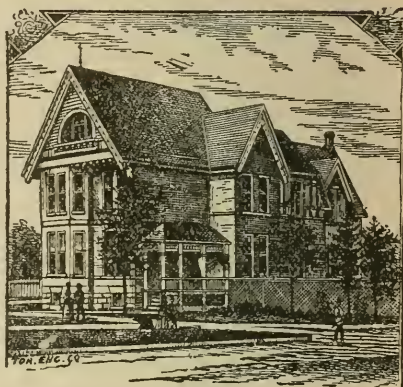
**AVENUE**

**TORONTO.**

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new

**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

**203 Simcoe Street, - - Toronto.**

**Orthopædic Surgeon****DR. BREMNER**

M.D., Toronto University.

L.R.C.P. Edinburgh ('79).

Late Asst. Surg. N.Y. Hospital for Ruptured and Crippled.

Asst. Surg. Polyclinic, N.Y.



**39 Bloor St. East**

(SOUTH SIDE)

DR. BREMNER, having spent several years in Great Britain, and as Assistant Surgeon to the N.Y. Hospital for Ruptured and Crippled, announces that he has opened an office as an **ORTHOPÆDIC SPECIALIST** at the above address.

All suitable accommodation for patients from a distance secured. Orthopædic instruments and appliances of the most modern type may be procured direct on application by practitioners.

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2\text{PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychnie, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

**DOSE.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Druggists at One Dollar.



# NEW YORK POLYCLINIC AND HOSPITAL.

Session 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

- |   |  |
|---|--|
| <p><b>SURGERY—</b><br/>John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.</p> <p><b>MEDICINE—</b><br/>R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine-<br/>man, M.D.; J. Adler, M.D.</p> <p><b>GYNÆCOLOGY—</b><br/>W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.;<br/>H. Marion Sims, M.D.; Florian Krug, M.D.</p> <p><b>EYE—</b><br/>David Webster, M.D.; Emil Gruening, M.D.; Thomas R.<br/>Pooley, M.D.</p> | <p><b>EAR—</b><br/>Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.</p> <p><b>THROAT AND NOSE—</b><br/>D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris<br/>J. Asch, M.D.</p> <p><b>DISEASES OF CHILDREN—</b><br/>L. Emmett Holt, M.D.; August Seibert, M.</p> <p><b>DISEASES OF THE SKIN—</b><br/>A. R. Robinson, M.D.; Edward B. Bronson, M.D.</p> <p><b>NERVOUS DISEASES—</b><br/>Landon Carter Gray, M.D.; B. Sachs, M.D.</p> <p><b>OBSTETRICS—</b><br/>Edward A. Ayers, M.D.</p> |
|---|--|

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., ASST. SEC.,**

**L. EMMETT HOLT, M.D., SEC.,**

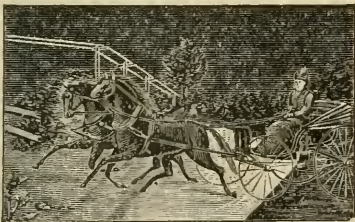
214-218 East 34th Street, New York.

## Doctor

IF YOU WILL  
... INVEST

**\$10**

**IN TWO AUTOMATIC  
DRIVING LAMPS**



They will make your night work a source of pleasure.  
Illustrated Circular on application.

**S. L. REEFY, M.D.,**

EDINBURG, ILL., U.S.A.

## R. M. MELVILLE

**General Steamship and Railway Agent,**

NEXT GENERAL POST OFFICE, TORONTO.

TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.

TELEPHONE 2010.

## HOW TO READ With Comfort and Profit HOLLOWAY'S

READING STAND and  
DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the **Century Dictionary**. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



ILLUSTRATED CATALOGUE FREE.

THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.

## BATES & DODDS, Funeral Directors

931 QUEEN STREET WEST,

CORNER STRACHAN AVENUE,

TORONTO.

TELEPHONE No. 513.

ESTABLISHED 1850.

INCORPORATED BY ACT OF PARLIAMENT.

# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.  
Professor of Principles and Practice of Medicine.  
**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.  
Professor of Obstetrics and Gynecology.  
**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.  
Professor of General Chemistry and Botany.  
**C. W. COVERNTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.  
Emeritus Professor of Medical Jurisprudence and Toxicology.  
**FRED. LeM. GRASETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.  
Professor of Principles and Practice of Surgery, and of Clinical Surgery.  
**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto;** Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.  
Professor of Practical and Analytical Chemistry.

**CHARLES SHEARD, M.D., C.M.,** Fell. Trin. Med. Coll., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.  
Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S.,** Edin.; Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.  
Professor of Ophthalmology and Otolaryngology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVISON, B.A., Univ. Tor., M.D., C.M., M.R.C.S.,** Eng.; Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### LECTURERS, DEMONSTRATORS,

### INSTRUCTORS AND ASSISTANTS.

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.  
Lecturer on Medical Jurisprudence and Surgical Appliances.  
**E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.  
Lecturer on Laryngology and Rhinology.  
**ALLAN BAINES, M.D., C.M.,** Fell. Trin. Med. Coll.; L.R.C.P., London; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.  
M.D., M.R.C.S., Eng.; Member of the Acting Staff Toronto General Hospital.—18 Bloor Street.  
Lecturer on Sanitary Science.  
**E. B. SHUTTLEWORTH, Late Principal and Professor of** Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherbourne Street.  
Practical Pharmacy, etc.

**A. Y. SCOTT, B.A., Tor. Univ.;** M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A., Tor. Univ.;** M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A., Tor. Univ.;** M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.,**—176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.;** L.R.C.P., Lond.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng.  
Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the Hospital, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.



The  
College  
of  
Physicians  
and  
Surgeons  
of  
Ontario

Spring Examinations, 1894

TO BE HELD IN TORONTO AND KINGSTON



THE PRIMARY AND FINAL EXAMINATIONS commence on **Tuesday, the 10th of April, 1894**, in Toronto and Kingston, at 9.30 a.m.

By Order,

R. A. PYNE, REGISTRAR.

TORONTO, ONT.

N.B.—Candidates' application forms may be had on application to the Registrar. The application is to be properly filled out, declaration executed, and delivered into the hands of the Registrar, accompanied by the tickets and certificates and Treasurer's receipts, not later than the **3rd of April, 1894**. All candidates for final examination are required to present their primary tickets and certificates with certificate of registration as a matriculate at the same time.


The Treasurer's address is, DR. W. T. AIKINS, 280 Jarvis Street, Toronto.

A Vitalizing Tonic to the Reproductive System.

**SANMETTO**

FOR

GENITO-URINARY DISEASES.

 A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.

**POSITIVE MERIT AS A REBUILDER.**

Dose:—One teaspoonful four times a day.

**OD. CHEM. CO., NEW YORK.**



# PANOPEPTON

## BREAD AND BEEF PEPTONE.

IN PANOPEPTON we present to the profession a new, complete and perfect Peptone, one which we are confident will meet every requirement. PANOPEPTON is the entire edible substance of prime, lean beef and best wheat flour, thoroughly cooked, properly digested, sterilised and concentrated in vacuo.

PANOPEPTON is, therefore, the quintessence of Peptones, containing all the nutrients of these two great types of food—beef and bread—fused into a delicious restorative.

PANOPEPTON is the food par excellence in all conditions where a fluid, quickly assimilable, agreeable and comprehensive nutriment is required.

Originated and manufactured by

FAIRCHILD BROS. & FOSTER,

NEW YORK.

For Table of Contents see Page 3.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, FEBRUARY, 1894.

[No. 7.]

## The Attention of Physicians

Is respectfully called to our preparation of

. . . **MALTINE WITH COCA WINE**

Combining the nutrient and digestive properties of Maltine with the powerful tonic and stimulant action of COCA ERYTHROXYLON. Largely and successfully used for relief of morbid conditions due to nervous exhaustion, and depression of spirits resulting from undue strain upon the mental or physical energies.

*Sample sent physicians on application.*

**MALTINE MANUFACTURING COMPANY**

TORONTO.



## Why Maltine with Cod Liver Oil Is so Largely Prescribed.

"If we can manage to enable a patient with Pulmonary Phthisis to assimilate Cod Liver Oil, tissue nutrition becomes so altered that development of tubercle is usually arrested."—DR. MILNER FOTHERGILL.

COD LIVER OIL is difficult of digestion, and the ordinary "Emulsions," instead of modifying, aggravate this trouble. Moreover, such Emulsions quickly decompose, and, administered in this condition, cause such disturbance of the digestive function as to prove a positive injury, rather than benefit, to the patient. Nausea and acid eructations are the consequence, and these are difficulties that beset the physician daily.

In the preparation of MALTINE WITH COD LIVER OIL, not only is the "vehicle" of equal constructive power, but it *promotes the assimilation of the oil itself*. By reason of the special process of blending the oil with the Malt, the oil globules are in a finer state of subdivision than those of the fat of milk, and are so in condition to be at once acted upon by the pancreatic ferments and immediately absorbed.

**Endorsed by the Medical Profession throughout the World.**

# FELLOWS' HYPO=PHOS=PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

## To the Medical Profession of Canada . . . .

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

- FIRST. — Unique harmony of ingredients suitable to the requirements of diseased blood.  
 SECOND. — Slightly Alkaline reaction, rendering it acceptable to almost every stomach.  
 THIRD. — Its agreeable flavour and convenient form as a Syrup.  
 FOURTH. — Its harmlessness under prolonged use.  
 FIFTH. — Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

## SURGEONS' OPERATING CUSHIONS.

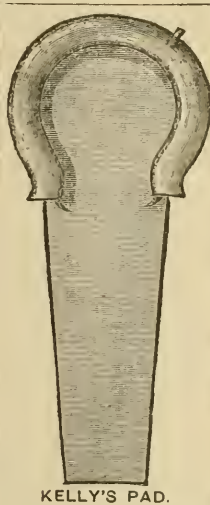
**KELLY'S PADS,**  
TWO SIZES.

**CRANDALL'S**  
**OBSTETRICAL**  
**BED PANS.**

**PERINEAL**  
**CUSHIONS.**

**BED PANS**

WITH OUTLET TUBE  
WITHOUT OUTLET TUBE  
WITH LARGE OUTLET  
ROUND AND OVAL.



KELLY'S PAD.

**HOSPITAL CUSHIONS,**  
**HOSPITAL SKEETS.**

**SURGEONS' APRONS,**  
**SURGEONS' GLOVES.**

**AIR PILLOWS AND CUSHIONS,**  
**WATER PILLOWS AND BAGS.**

**AIR BEDS,**  
**WATER BEDS.**

**EVERYTHING IN RUBBER.**

**THE TORONTO RUBBER CO., LTD.**

WRITE US FOR PRICES.

28 KING ST. WEST, TORONTO



## CONTENTS.

EDITORIALS:—	PAGE	AN EPITOME OF CURRENT MEDICAL LITERATURE:—	PAGE
The Medical Council Building .. .. .	231	MEDICINE: Ichthyol in Erysipelas—A Case of Membranous Enteritis in a Young Child .. .. .	251
Professional Tax .. .. .	233	A Fever Enunciator—Cold Mustard Baths in Whooping Cough .. .. .	252
Should These Things Be? .. .. .	234	Perrenot: Eruptions of La Grippe—Chloroform as a Tænicide—Fatty Liver; Torpid Circulation .. .. .	253
EDITORIAL NOTES .. .. .	235	Anæsthesia by Cocaine Deprived of its Disadvantages—Indications for Venesection—Victims to Duty .. .. .	254
BRITISH COLUMBIA:—		Treatment of Chronic Heart Valve Disease—Physiological action of Atropine .. .. .	255
Certificates of Death .. .. .	235	SURGERY: Periostitis of the Jaw .. .. .	255
A Visit to Preston Retreat. By Ernest Hall, Victoria, B.C. .. .. .	236	The Present Status of Thoracic Surgery—Erythema—Treatment of Gonorrhœal Ophthalmia .. .. .	256
PRINCE EDWARD ISLAND:—		Eczema Rubrum—Four Cases of Cerebral Tumour—A Very Unusual Foreign Body in the Larynx .. .. .	257
Medical Men and Life Insurance Companies .. .. .	238	MIDWIFERY: A New Indication for Supravaginal Hysterectomy—Marriage, Dysmenorrhœa, and Hysteria .. .. .	258
Public Health .. .. .	239	Lewers. "A Case of Symphysiotomy" .. .. .	259
ORIGINAL COMMUNICATIONS:—		PERSONALS .. .. .	259
Inherited Syphilis, with Special Reference to Eye and Ear Disease. By Alfred J. Horsey, M.D., M.R.C.S. Eng., etc. .. .. .	239	MISCELLANEOUS:—	
A Case of Cholecystotomy. By F. B. Wilkinson, M.B., Courtright .. .. .	241	A Powder for Hyperidrosis—Pigmentation of Pregnancy—A Little Wholesome Advice to the Laity .. .. .	260
CORRESPONDENCE:—		Mild Croup—A Chalybeate Lemonade—Pruritus .. .. .	261
Repudiation of M.D.A. By P. Palmer Burrows, Lindsay .. .. .	242	Honour to Whom Honour is Due—The Letter of the Law .. .. .	262
A Case of Blackmail. By John L. Bray, Chatham .. .. .	243	Fairy Stories—Dysentery and Pomegranate Root .. .. .	264
Professional Tax. By John H. Sangster, M.D., Port Perry .. .. .	244	Spray in Simple Chronic Rhinitis—The Value of Tuberculin as a Test for Tuberculosis in Cattle .. .. .	265
Dr. Christoe's Letter .. .. .	247	Treatment of Pleurisy—Chronic Headache .. .. .	266
Dr. Sangster and That Two Dollars. By "Justice" .. .. .	249		
BOOK NOTICES .. .. .	249		
PAMPHLETS RECEIVED .. .. .	251		

☛ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

☛ Subscription \$2 per annum (outside of Ontario and British Columbia).

AT THE WORLD'S FAIR, CHICAGO.

# NESTLE'S MILK FOOD

Has received the Highest Awards.

## MEDAL AND DIPLOMA

THIS IS THE HIGHEST AWARD THAT CAN BE GIVEN  
ANY EXHIBITOR.

Note.—NESTLE'S FOOD has received Forty-Eight First Awards at different  
Expositions, a larger number than has been received  
by all other Infant's Foods combined.

# Seeing is Believing

The cured patient is an ocular evidence of her physician's skill. Asparoline Compound will help you, Doctor, to cure Functional Dysmenorrhœa and Leucorrhœa patients. May we send you enough, free, to prove this assertion?

DR. F. C. BRUCE, of Easthampton, Mass., writes us:—

"In a case of Dysmenorrhœa of four years' standing—the worst case I have ever seen—which one grain of Morph. Sulph. would not relieve for more than half an hour, I gave a two-ounce bottle of 'Asparoline,' and it afforded more relief than had ever been experienced from any previous remedy. The second catamenial period following its use was unattended by any pain, and only one teaspoonful was then taken. The patient now describes her periods as painless.

"I have used 'Asparoline' in Post-Partum pains, in Menostasis and in Menorrhagia, and I am convinced that if there is a panacea for uterine and ovarian diseases, 'Asparoline' is that panacea."

#### FORMULA.

Parsley seed .....	Grs. 30
Black Haw (bark of the root) .....	" 60
Asparagus seed .....	" 30
Gum Guaiacum .....	" 30
Henbane leaves .....	" 6
Aromatics .....	

To each fluid ounce.

PREPARED SOLELY BY

**HENRY K WAMPOLE & CO.**

Pharmaceutical Chemists

PHILADELPHIA, PA.

## "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
IT will not blow out.  
IT gives a clear white light.  
IT looks like a locomotive head light.  
IT throws all the light straight ahead, from 200 to 300 feet.  
IT burns kerosene.

Send for book.

**R. E. DIETZ CO.,**  
60 Laight Street, N. Y.



ON account of Canadian purchasers having to pay duty, we will sell single lamps to them at the lowest wholesale price.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

**GEO. W. COOLEY, 567 Yonge St., Toronto,**

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskies for Invalids a Specialty.

**COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.**

# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the convolvulus scammonia of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
Hyd. Subchlor .....gr. ii.  
Fiat pulv.  
Sig. —. H. S. S.

## COMPLIMENTARY TESTIMONIAL:

TORONTO, JANUARY, 1894.

MESSRS. J. C. GRAY & CO.,

*Manufacturing Apothecaries.*

GENTLEMEN,—I have used your **Vermifugin** frequently as an anthelmintic, and find it very convenient and efficacious.

Yours,

J. T. ROBINSON, M.D.,

*Resident Physician, Hospital for Sick Children.*

# JOHN C. GRAY & Co.,

MANUFACTURING APOTHECARIES,

TORONTO, CANADA.

N.B.—Price to Physicians and Retail Druggists. \$1.00 per ounce bottle.



# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine. —**CHARLES F. HEEBNER, Ph.G., Phm.B.,** *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,  
BROCKVILLE, Ont.

# The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

## Perturbed Nervous Forces—An Unsurpassed Composer and Pain-Reliever.

The season of pneumonia, typhoid, bronchitis, also the recurring epidemic of influenza, while not so malignant as its predecessor, la grippe, still makes apropos an extract from *The Medical Summary*. It says, in speaking of the action of antikamnia :

"This drug has a well-earned character as an analgesic. It is one of the few among the many claimants for favour that have successfully stood the test of experience. In a case of acute poly-articular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the more remarkable as after one or two more doses there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania, menstrual neuroses and neuralgias in general, it cannot be over-praised. In the prevailing epidemic of la grippe its usefulness as a pain-reliever and composer of the perturbed nervous forces is unsurpassed. It has become indispensable, and doubtless there is not a physician acquainted with its decisive action who could be induced to dispense with it. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours, will relieve the severest cases, in a few hours causing the splitting cephalalgia, lumbar and general muscular pains and nervous disquietude to vanish. On the whole it abates the fever and subdues the whole assemblage of perturbed activities that distinguish la grippe as no other agent, or combination of agents, has ever done, producing not a single unpleasant symptom and leaving no sequelæ. Quinine checks ague, digitalis energizes the drooping heart, ergot promotes uterine contraction, but their action is no more nearly specific than is that of antikamnia in its sphere of usefulness.

"In 92 per cent. of all cases it immediately stops the pain.

"The following is an excellent prescription in la grippe and painful bronchial catarrh :

R Antikamnia (Genuine).....	3ij.
Mist. Glycyrrh. Comp.....	3ijj.
F. E. Rad. Glycyrrh.....	3ij.
Vini Rubri Gall.....	q. s. ft. 3vj.

M. Sig.—Two teaspoonfuls every three hours.  
 For whooping-cough in a child four years old :  
 R Antikamnia (Genuine) .....gr. xxxvj.  
 Divide in chart, No. xij.  
 Sig.—At night, one powder every fifteen minutes until three have been taken.  
 Administer in diluted claret, or port or sherry wine.

"As an antipyretic from gr. v. to gr. x. should be given every ten minutes until the temperature has been reduced, or 40 to 50 grains have been taken, when the same dose is repeated at longer intervals, until the desired effect is obtained."

## ELIXIR ALETRIS CO.—E.B.S.

**STRENGTH.**—Each fluid drachm contains the active constituents of Aletris Farinosa, 10 grains; Viburnum Prunifolium, grains; and Cimicifuga Racemosa, 2½ grains.

**T**HIS combination was designed to meet the requirements of gynecological practice by supplying a uterine sedative which could be used in place of Potassium Bromide, and which would not be open to the well-known objections that have been urged against this salt. The testimony received since this elixir has been before the profession is sufficient to warrant the assertion that it has fulfilled admirably the required purpose, while a secondary tonic action, due to the Cimicifuga, renders the combination pre-eminently valuable.

Its use is specially indicated in case of a tendency to abortion, and may be continued during the entire period of gestation.

## T. Milburn & Co.,

WHOLESALE AGENTS,

TORONTO.

## FOR Dysentery and Diarrhœa OF CHILDREN

**R**latrol - gr. v.  
 Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

**Dr. J. H. Sackrider, of East Randolph, N. Y.,** says: "The first case in which I used Iatrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use **Iatrol** in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in *very warm* water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

**CLINTON PHARMACEUTICAL CO.**  
 Manufacturing Chemists Syracuse, N. Y.

CANADIAN BRANCH: BELLEVILLE, ONT. P. O. BOX 84.



# Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1894-95.**

The REGULAR SESSION begins on Monday, September 24, 1894, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 25, 1895, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

# Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

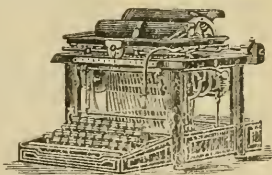
For further information apply to

CHARLES FORD, Superintendent,

314 Broome St., New York City.

Special instruction upon the manikin given by the attending physicians.

1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.

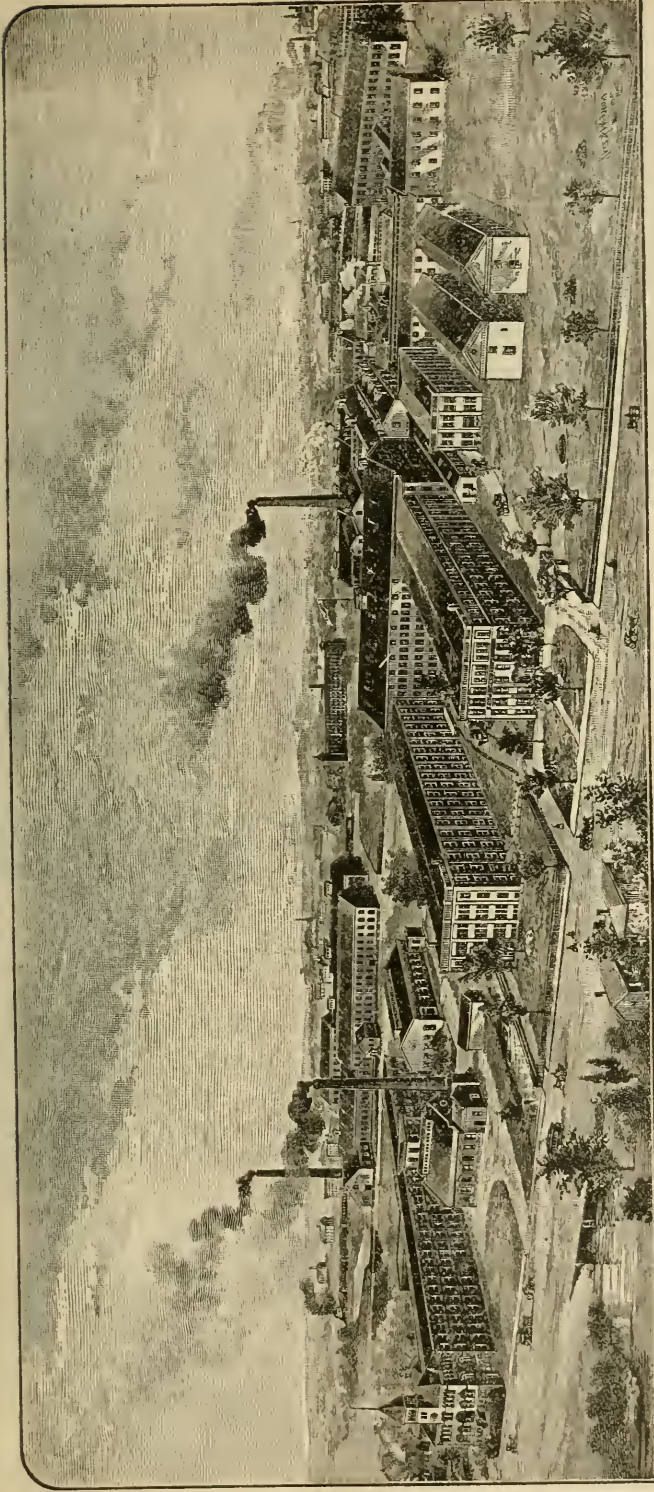
👉 MACHINES RENTED. - OPERATORS SUPPLIED. 👈

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, TORONTO.





COLUMBIA TUBE MILL.  
HARTFORD RUBBER WORKS.

HARTFORD CYCLE CO.  
COLUMBIA BICYCLE FACTORY.

Principal Offices,  
221 Columbus Ave., Boston.

**FACTORIES OF POPE MFG. CO., HARTFORD, CONN.**

Branch Houses,  
Chicago, New York.

**The Columbia Bicycle Factory.** The oldest in the United States, and the largest and most expensive factory in the world devoted exclusively to the manufacture of bicycles.

**The Columbia Tube Mill.** Specially equipped for manufacture of finest steel tubing.

**The Hartford Rubber Works.** Makes the famous Columbia tires on which the phenomenal record-breaking of last season was accomplished.

The nearest approach to a perfect bicycle,  
The favorite on the road,  
The leader in the race,

**PRODUCE**

**THE COLUMBIA BICYCLE.**

Known as the fastest (world's records from one quarter to five miles), the most beautiful, the most perfectly constructed, and most fully guaranteed.



## The Sanitarium

Is airy, roomy, cheerful and home-like. Large lawn in front and behind. It is situated on the prettiest and pleasantest street in Toronto, yet removed from the noise of the street, and combines quietness and convenience. No noise of street cars to disturb.

Patients are under the care of the Medical Superintendent, and, also, when desired, the advice of consulting physicians, eminent in their respective departments, may be had.

Physicians who have patients in need of the benefits of Sanitarium life, or who require electrical or massage treatment, baths, etc., may keep them under their own personal

supervision, the Medical Superintendent and staff co-operating for the benefit of the sufferer.

The Sanitarium is immediately opposite the Institute building and is conducted in connection therewith—the latter being used for bed patients, while the former is occupied by convalescents. Music, meetings, lectures and other means are introduced for their beneficial hygienic effects.



# TORONTO ELECTRIC INSTITUTE AND SANITARIUM

**192, 194, 196 AND 231 JARVIS ST., TORONTO.**

JENNIE GRAY, M.D., C.M., M.C.P.S.,  
Medical Superintendent.



PROF. S. VERNON, *Electro-Therapist.*  
MRS. S. K. VERNON, *Assistant Electrician.*



The Institute, established 1876, and conducted continuously for eighteen years at 231 Jarvis St., has always been in cordial relation with the medical profession, who have always co-operated heartily. It has been recently placed under medical supervision, and is, therefore, prepared to deal with all cases submitted. Baths of various kinds—electricity, massage—provided, as may be required by patients. Trained nurses in attendance.

### OFFICE PRACTICE ATTENDED TO AT 231 JARVIS STREET.

Members of the staff are available for electrical and massage treatments for out-patients under the superintendence of attending physician.

Resident patients pay from \$12 to \$25 per week (board included), graded according to nature of treatment, location of room, and amount of attention required.

**THE VERNON PATENT PHYSICIAN'S BATTERY, COMPLETE, \$50.00.**

Address all communications to Medical Superintendent, 231 Jarvis St., Toronto, Ont.



# CANADIAN MEDICAL PRACTICE AND PARTNERSHIP OFFICE.

ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

## Thirty-nine Practices for Transfer.

FEB. 24.

1. **\$1,700 village practice** in richest county; best of pay; good field, long established. Successor pays small bonus and leases fine house.
2. **\$1,800 village practice** in northern county; good field, long established. Small bonus, and successor may lease or buy property on easy terms.
3. **\$2,000 unopposed practice**; K.K. village thickly settled. Succession and good introduction for \$500. Good active man can raise it to \$3,000 in two years.
4. **\$2,500 town and country practice**, with handsome \$3,000 residence centrally situated; northern town; good introduction to excellent clientele. Would exchange for Toronto property or accept \$1,000 cash, balance on easy terms.
5. **\$3,700 practice** all cash—in live town with excellent appointments, netting about \$600 a year; long established; handsome property. Will be sold for \$6,100 on cash payment of \$2,000.
6. **\$2,500 practice**—western railroad centre—for bonus of \$500 and leasing property for 3 or 5 years. A splendid opening for active surgeon.
7. **\$3,000 unopposed practice** in fine county (east) for cost of residence (\$4,500); only \$500 required down. Good field and fine pay.
8. **\$1,800 village practice** in York County—splendid appointments and opposition slight—for cost of property (\$3,000); only \$1,000 required cash. One of the best and most comfortable country practices in Ontario.
9. **\$1,500 city practice** for cost of property; splendidly situated; may be leased and then purchased; terms easy; bonus \$500; good introduction.
10. **Another city practice and drug store**, netting \$30 a day, for cost of equipment and drugs; only \$1,000 cash required. Owner retiring.
11. **\$5,000 practice** in finest western town; hospital appointments. Owner retiring; would like successor to purchase fine residence. Good introduction; cash required \$2,500, or negotiable security; would take Toronto property in exchange. The finest opportunity for a smart citizen.
12. **Assistant wanted** in an unopposed practice of \$1,500; principal not strong. Will give half interest and possibly succession for bonus of \$500.
13. **\$2,000 practice in N. Y. State**, on border. To Canadian having New York license will give good introduction and full office and road equipments for \$1,000 cash.
14. **\$1,000 practice** in fine district (east). Roman Catholic doctor would find this an excellent opening. \$500 buy outfit and introduction.
- 14-23. **Nine good openings** for those just entering the profession having limited means; neither property nor equipment nor bonus to be paid. The choice of them to the first applicant upon the Register for \$200. In all these openings \$1,000 should easily be made the first year.
24. **A number of good instruments for disposal.**
25. **Wanted**—A good student's microscope, cheap; Zeiss or Hartnack.
- 26-28. **3 good practices in Toronto**—details on personal application—for transfer on very fair terms.
29. **Wanted**—By an experienced M.B.C.S., position as partner, assistant or *locum tenens*.
30. **Gentleman graduating in April** desires to secure before then a good village and country practice. Can pay \$500 cash.
31. **L. R. C. P. London**, of some years' experience, will purchase a partnership or \$5,000 practice and property immediately. Available cash, \$2,000, for a first-class connection.
32. **A good Canadian practitioner** to take up a specialty—nose, throat and lungs—in Ontario for an American physician, on salary.
33. **Wanted**—A small practice with drug business attached for gentleman not robust enough to stand night work and hard driving.
34. **Wanted**—A first-class practice for a first-class man, in a good manufacturing town, at once. Must be up to \$5,000, and the property to purchase must not exceed \$3,500. Can pay cash required.
- Two good practices wanted** for Roman Catholic practitioners of experience, who can pay from \$500 to \$2,000 for suitable opening or partnership.

## QUEBEC.

**Wanted in Quebec Province.**—I have three purchasers applying for practices of \$3,000 to \$4,000 a year, and five ranging from \$1,500 to \$2,000. Those having a desire to transfer their practices and properties, should register them at once in the Office to meet the above wants of their confreres.

**Three McGill Men**, about to graduate, desire to secure good openings in Ontario or Quebec.

## BRITISH COLUMBIA, N.-W. TERRITORIES AND MANITOBA.

35. **\$3,500 practice** in leading city of British Columbia for transfer for cost of handsome residence. This is a leading practice, first-class in every particular, and to be had on very easy terms.
36. **\$1,500 practice** in village on Vancouver Island to be transferred for small bonus. \$300 cash. An excellent opening for an active young man.
37. **On mainland, B.C., a \$2,000 practice** in the best town of the interior. Good introduction and equipment for \$500. The best opening to day on mainland. Incumbent wishes to visit the Old Country.
38. **In Alberta**—An excellent opening, unopposed; \$1,800 easily should be made. Good Government appointment procurable, introduction and succession for \$350 cash. Apply immediately.
39. **In Manitoba** \$100 will secure the choice of three fine openings in Southern Manitoba, six in Western and Central, and two in Eastern. In any of these locations an ordinary graduate may, whether opposed or not, expect, confidently, to book an average income of \$1,000 a year. Those about to graduate in April should make their selection at once, in order to occupy the field without delay.
40. **Locum tenens.** I have always at the service of the profession three gentlemen, with foreign qualifications, to act as *locum tenens*.

I am constantly receiving inquiries for good openings at fair terms, and would request those having practices of real value, who desire to dispose of them, or to sell a share, or get assistants, to register them without delay. Those desiring to purchase may be assured that only those practices will be registered which are of the very best and the details of which are strictly accurate.

All communications are strictly confidential.

Letters must be direct from medical practitioners only, and must enclose stamp for reply, otherwise they will remain unnoticed.

Address—

DR. J. E. WHITE, 185 CARLTON STREET, TORONTO.



**COMPLETED!!!**

The Fourth Volume of

# **FOSTER'S ENCYCLOPÆDIC MEDICAL DICTIONARY . . .**

Thus finishing one of the Grandest Literary Monuments of the Age, the preparation of which has consumed Twelve Years of Unremitting Labor.

Being a Dictionary of the Technical Terms used by writers on MEDICINE and the COLLATERAL SCIENCES, in the LATIN, ENGLISH, FRENCH, and GERMAN LANGUAGES.

By **FRANK P. FOSTER, M.D.,**

*Editor of the "New York Medical Journal;" Librarian of the New York Hospital.*

## **PUBLISHERS' ANNOUNCEMENT.**

**T**HE publishers are pleased to announce the publication of the **FOURTH AND CONCLUDING VOLUME** of this valuable and important work. The same careful editorial supervision and verification has been expended on this that are indicated in the preceding volumes.

## **THE STANDARD AND THE BEST.**

Hasty, indifferent work, and careless editorial supervision, are too frequently found in the compilation of reference works, always with unsatisfactory results to the student; and some recent publications in line with this Dictionary are not exceptions to this charge, as an examination and comparison of them will show. It is only just to say that it has been the ambition of all connected with the preparation of **FOSTER'S MEDICAL DICTIONARY** to provide the profession with the most satisfactory and only comprehensive Medical Dictionary published.

THE DICTIONARY is in Four Imperial Octavo volumes of about 750 pages each, and in twelve Sections of about 250 pages each. The sections are strongly and tastefully bound in heavy muslin-covered boards, with the view of avoiding the necessity of rebinding in volumes.

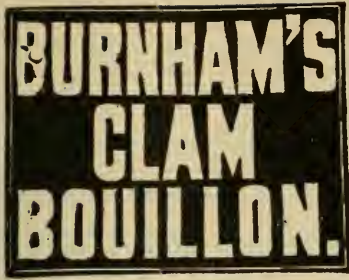
SUBSCRIPTIONS are accepted only for the entire work. Prospectus and price-list will be sent on application.

**D. Appleton & Co., Publishers,**  
**NEW YORK.**

**CANADIAN AGENCY:**

**63 YONGE STREET, TORONTO.**

**GEO. N. MORANG, Manager.**



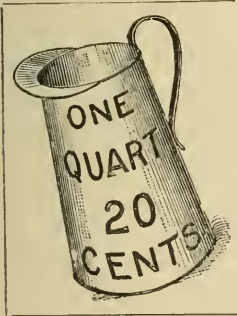
## A Food That Takes One Back To First Principles.

### WHAT IS IT?

Containing phosphorus, lime and sodium, which are essential to the animal organization and vitalization, and furnishes, in its relation to its weight and volume, the greatest possible quantity of nutritive principles. Nutritive principles, as is well known, are thermogenic elements. It satisfies the taste without producing too quickly the sensations of satiety, and contains that valuable property of ease of digestion in the stomach and readiness of absorption in the intestines.

### A PLAIN STATEMENT.

Burnham's Clam Bouillon is **guaranteed** to be strictly pure and free from any antiseptics or preservative whatsoever, and the manufacturers will pay **\$100.00** to any chemist who, upon analyzing, finds in it any substance not naturally present in the clam. It is more strengthening than milk or extract of beef, is easily prepared by adding hot water, and is much cheaper. You will find it a very acceptable change from the long list of beef and other food products now offered. **Specify Burnham's Clam Bouillon, which is put up only in glass bottles.** A sample bottle will be sent free to any physician upon application to the



**E. S. BURNHAM COMPANY,**

120 Gansevoort St.,

NEW YORK.

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## COD LIVER OIL AND IRON

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

Put up and sold only by

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

# Ferrol Manufacturing Co.,

Retail by all Druggists . . .

HEAD OFFICE:  
**205 SPADINA AVE., TORONTO.**



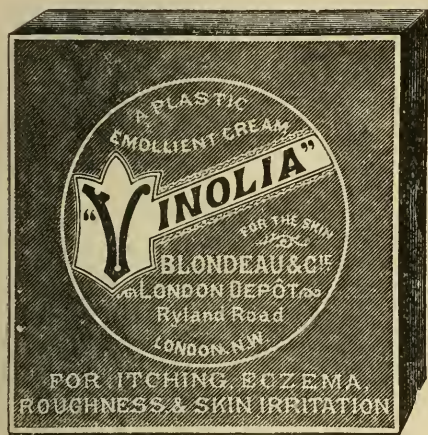
# "Vinolia"

EMOLLIENT  
SAFE and  
PURE

FOR SENSITIVE  
SKINS

# Soap

Premier, 15c.; Floral, 20c.; Balsamic, 25c.; Toilet (Otto), 35c.;  
and Vestal 85c. per tablet.



## "VINOLIA"

THE CHOICEST OF

## CREAMS

For itching, face spots, eczema, chaps, chilblains, skin irritation,  
etc., etc.

**RELIEVES ITCHING AT ONCE**

"An emollient cream for the skin in eczema, rash, eruptions, etc."—*Lancet*.

50c., \$1.00, and \$1.75 per box.

## "VINOLIA" POWDER

**SOLUBLE, SOOTHING, SAFE**

For Toilet, Nursery, Perspiring Surfaces, Redness, Roughness,  
etc., etc.

"An impalpable rose-dusting Powder; soluble, of remarkable fineness, and well  
adapted for the nursery, toilet, weeping surfaces, etc."—*British Medical Journal*.

50c., \$1.00, and \$1.75 per box, in Pink, White, and  
Cream tints.



**BLONDEAU & CIE., 73-77 Watts St., NEW YORK**

ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.

# SCIENTIFIC AND BUSINESS PLATFORM.

We respectfully invite the attention of physicians and pharmacists to a brief statement of the ethical, scientific and business principles upon which we strive to base our operations as manufacturing chemists. We shall be pleased to communicate with any member of either profession who may desire further literature in amplification of any or all of these principles, and cordially invite such correspondence.

We hold that the manufacturing pharmacist who desires the patronage and values the respect of the physician, should study and conform to those principles of medical ethics which affect the production and marketing of medicinal preparations, therefore :

*A.* We strive to maintain the highest standard of quality.

Our facilities for securing crude drugs of first quality are unequalled; our processes of manufacture are the latest and best approved; and the highest degree of skill is employed at every stage. Wherever the nature of the drug will permit, the strength of every preparation is determined by repeated assays, from the acceptance of the crude material to the finishing of the product for the pharmacist's shelves. Under other conditions the product is made to conform to some physiological or other recognized test to ascertain its therapeutic efficiency.

*B.* We do not market any preparation protected by copyright, patent or trade-mark, or by concealed or misrepresented formula.

Please apply to us for literature fully explaining the distinction between these several classes of proprietary preparations, and demonstrating their respective objectionable features.

*C.* We do not so label or advertise our products as to encourage, or admit of, their use by the public without the advice of the physician.

Any physician who has seen a former patient purchase for himself, and without a doctor's advice, a remedy labeled with the disease which it is designed to cure or alleviate, with full directions as to dose, etc., and which he himself had prescribed on a previous occasion, will appreciate the bearing of this principle upon his purse and reputation.

*D.* To the end that the product, and the art of its manufacture, may never become lost to science, every medical preparation should have a proper name, open to general scientific usage, and its formula should be published in scientific literature in such a manner that any competent pharmacist may readily prepare it.

Many articles claiming to be pharmaceuticals cannot be admitted to the Pharmacopœia, or accepted in scientific literature, for the reason that the names are claimed as private property, and their formulæ, or art of manufacture, are nowhere published, but are things of trade secrecy. Our processes and formulæ are open to the inspection of all properly interested persons at any seasonable time, and any pharmacist may market any of our preparations under its proper name, if only the same be not represented as of our manufacture.

*E.* We hold further that the manufacturing chemist should lend his superior resources to the advancement of both medical and pharmaceutical science; that he ought not to act altogether from a selfish pecuniary motive, but should have in view the general well-being of humanity, and, as tending to this end, the continued progress of medicine and pharmacy.

In pursuance of this belief, we have expended large sums in therapeutic, physiological and chemical research; employed able botanists in exploring the habitats and studying the characteristics of new drugs; promoted exhaustive physiological experiments to determine their therapeutic value; made expensive tests in our laboratory to determine the most available form of preparation; and have then placed, free of cost, at the disposal of the medical profession, samples of the same for clinical experimentation, until the medicinal value was ascertained. Where no therapeutic worth was found, the drug has been relegated to deserved oblivion; yet as the outcome of our individual efforts, the medical profession now has such valued remedies as *Cascara sagrada*, *Grindelia robusta*, *Jaborandi*, *Coca*, *Jamaica dogwood*, *Black haw*, *Berberis aquifolium*, *Chekan*, *Pichi*, and others.

Basing our claims to the consideration of the physician and pharmacist upon the foregoing statements, an investigation of the truth of which we earnestly solicit, we remain,

Yours very truly,

**PARKE, DAVIS & CO.,**  
**WALKERVILLE, ONT.,**

DETROIT, NEW YORK, AND KANSAS CITY, U. S. A.



# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, FEBRUARY, 1894.

[No. 7.]

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### THE MEDICAL COUNCIL BUILDING.

Many and various are the complaints made by disgruntled members of the profession about what they call the "real estate venture." By this, of course, is meant the purchase of the property on the corner of Bay and Richmond Streets, Toronto, and the placing thereon a building which should supply the wants and needs of the College of Physicians and Surgeons, both as an executive and an examining body.

As a consequence, we promised in our last issue to give a short *résumé* of the history of the why and wherefore of it. Looking back through the Minutes of the several meetings, we find remarks and resolutions of various kinds, expressing the opinion that something should be done to place a decent roof over their heads, and give some recognized place where the different members of the profession could resort to for information or whatsoever in the medical line their souls desired. The first resolution of direct importance was moved by Dr. William Clark, and seconded by Dr. (Sir) James Grant (then a territorial representative) in June, 1877, and was to this effect: "That a committee should be appointed from the Executive Committee to wait on the Government with regard to obtain-

ing some aid for a proper building, and to make other moves in that direction." In June, 1878, Dr. Aikins moved, and Dr. D. Clark seconded, "That a deputation wait on the Attorney-General to request government aid to secure a proper building for the Council." This deputation evidently had no effect, as we find that at the same session another resolution was adopted, and a committee appointed. Dr. Brouse moved, seconded by Dr. Grant, "That in the opinion of this Council the time has arrived to erect or secure a permanent building for its use, and that a committee should be appointed to take steps for this purpose, any arrangements the committee makes to be binding on the Council." Committee was composed of Drs. Allison, Aikins, Wm. Clarke, Daniel Clark, Berryman, Ross and Duncan Campbell (Pres.).

On June 15th, a few days following, the Committee met, and after many inspections of different places, chose as most convenient and most valuable for their purpose, the property on the corner of Bay (87 ft. 6 in.) and Richmond (95 ft.) Streets, then occupied by a Presbyterian church.

On July 12th, the Committee again met, and decided to give \$13,000 for the land, church and all fittings, except cushions and Sunday-school library. This offer was accepted by J. A. Patterson, acting for the owners, in a letter dated July 17th, giving terms as \$6,000 cash, and balance on



first mortgage. In September of the same year the purchase was made, and the building fitted up as much as possible for the use of the Council. The following are the physicians who were members at that time and still are so: Drs. Geikie, Grant, Henderson, Logan and Vernon. The Council then contained thirty members.

At this time there were no minutes of the Council printed, but the medical papers of the city gave in full all the reports of the meetings. This short sketch will show the strong feeling among the different members on the point that they should have some different or indeed some accommodation at least for their meetings and offices.

At the session of 1879 the Executive Committee reported the acquirement of the church and property, and the report was adopted.

Dr. McLaughlin moved and Dr. Lavell seconded, "That all important documents be transferred to the registrar for safe keeping."

We would ask that a note be made as to the presence of Dr. McLaughlin in this Council, and his action in acquiescing with their report.

In 1880 a new Council was elected, and in spite of the fact that all, or all the reading and thinking members of the profession, at any rate, certainly must have known of the purchase, they acquiesced in this action, by sending back almost the same representatives as were in the former body. The difference lay in the fact that the eclectic members were merged in the general profession, and the full number was now twenty-five.

During the sessions of 1880-81 nothing was done, although a great deal of dissatisfaction was expressed on the condition of their present quarters, as being, with regard to the building, both very inconvenient and a disgrace to the standing of the profession in Ontario. This kept on for the following five years, especially among medical men outside of the Council, who had occasion to transact business with the officers. We could indeed quote expressions by strong opponents to the present condition of affairs, which were more forcible than elegant, but we will refrain.

On June 15th, 1882, a resolution of considerable importance in this connection came before the meeting, so we quote in full. Moved by Dr. Allison, seconded by Dr. Burns, "That in consequence of the present college building not being properly adapted for the purposes for which it was

originally intended by the Council, it is deemed desirable that said building should be sold and the proceeds applied to either purchasing ground and erecting buildings thereon, or to wait on the Government, and ascertain whether the Government would be willing to assist in carrying out the above scheme or any other plan that may be deemed expedient, and that a committee consisting of the members of the Council residing in Toronto, be instructed to wait upon the Government for that purpose, and otherwise to negotiate the whole transaction in such a manner as to them may seem best, and to report on the same at their earliest convenience." Thus it is seen that the representatives, aroused by the public sentiment oftentimes expressed, made a move to get a respectable roof over their heads.

In 1883 nothing more was done, except to receive the report of this committee, and adopt it. It amounted to the fact that an expert opinion placed the value of the property at \$14,951.67, and that although notice of sale had been advertised, no offer had been received.

The present committee, by motion, was made the Building Committee.

In 1884 the Council put a price of \$20,000 on the property, and Dr. H. H. Wright (Chairman of Committee) moved that their successors be authorized to obtain a lot from the University of Toronto.

On motion of Drs. Macdonald and Lavell, the same committee was reappointed, with power to lease a lot for building, and to use their discretion about present building.

In 1885 Committee reported that no offer had been received, and that no lot had been secured, but that this should be done at once.

Now, here comes in another of those peculiar circumstances, considering the attitude of many of the profession concerning the building at the present time. Every medical man must have known that a new building was talked of with negotiations going on all the time, and yet no move was made to stop it. The elections came on, and practically the same Council were returned to their seats. If there were such an objection, why was it not raised then?

In 1886 the new Council, consisting of Drs. Bergin, Bray, Campbell, Day, Fenwick, Fowler, Geikie, Grant, Harris, Henderson, Henry, Logan, Moore, Orr, Philip, Rosebrugh, Ruttan, Vernon, Williams, Wright, Russell, Burns and Buchan, met

and adopted the following report from the Building Committee: "No offers of purchase received, unadvisable to dispose of present site, time now arrived for erection of a structure on the present site suited to requirements of the Council, and Committee should confer with an architect as to kind of building best suited to our necessities and its probable cost, and to report to the Council during present session."

Dr. Burns moved, and Dr. Harris seconded, "That the present Building Committee, with Drs. Cranston, Day, Henderson and Bray, confer with the architect." Carried.

The Committee reported that Mr. Lennox gave a decided opinion as to his preference for one after the style as shown, with offices to rent and with accommodation for themselves. One of the strong reasons urged for this action was that the value of the land has been greatly increased, the Canada Life putting a value of \$50,000 on it then.

By motion of Drs. Bray and Henderson, the present Building Committee, with the Treasurer, was reappointed and given power to carry out the work according to the plans shown.

In 1888, Building Committee reported that the building was completed, the April Examinations being carried on satisfactorily there, no extras having been allowed, except \$250 for speaking tubes.

These resolutions show a short history of the building of the present structure. Up to 1885 the reports of the Minutes were not printed by the Council, but the medical papers, as we said before, gave full accounts of their actions. Since this date, however, a stenographic report of the proceedings has been printed yearly and sent to every member of the College.

Surely with these data no man can tell us that he knew nothing about the building and transactions connected therewith until the affair was carried through. All that it was necessary for him to do was to read the reports sent out to him. In 1890 still another chance was given the electorate to make a stand if they thought it necessary on the question involved here, and yet, look at the members of the Council and see the small change therein—only four, Drs. H. H. Wright, Russell, Buchan and Burns, being changed, and of these only one, Dr. Burns, was a territorial representative. It is needless to say that he stepped down and out of his own accord, and was not forced out

on account of his decided action in connection with the College Building.

The way a few grumblers are acting now reminds us strongly of the man who locked his stable door after his horse was stolen.

### PROFESSIONAL TAX.

Financial questions as debated by Dr. Sangster are very likely to be compared to the celebrated Chinese puzzle in the minds of the readers of his letter. His general mix-up of the maintenance of the Council building, the professional tax and general expenses, would take even a greater mathematician than our esteemed correspondent to unravel. He does well, truly, to put down totals instead of items to support his arguments, as these same totals only express his side of the question.

His first paragraph makes an absolute statement that the Council at that time made misrepresentations to the Legislature as to their financial position. To put it mildly, we have to make a denial of this, as from facts in our possession we know that they were hard up, indeed, very hard up. To keep to the same line as he has set forth, we will not enter into details, simply giving one example. In 1874, and for several years before, the then registrar had to give his own personal note for the printing account in order to have the printers satisfied before undertaking the work. We hardly wonder at this, comparing the exorbitant rate at which the examiners of that date, of which we think Dr. Sangster has some personal knowledge, were paid, with the present day. If any more than a quarter of that rate were paid now, the professional tax would have to be raised considerably to keep both ends even.

All the other financial questions are dealt with on the basis of no accommodation for the College, no assistance of any kind, except that of a poorly paid registrar and treasurer, and hence cannot be considered at the present time. As we have already shown, the knowledge that a permanent place was to be obtained and occupied was general among the profession, and we think very generally acquiesced in.

As to the salary of the employees, particularly the registrar, treasurer and "official editor," the Doctor shows more spleen than reason. The salaries in the first two were very inadequate to the



work done and the class of men required to do the work. It is evidently expected that a man should handle returns and troubles from the number of 500 for the same emolument as is required for the number of twenty.

No consideration is given to the immense increase in work of all kinds, to the amount of midnight oil required to get through all returns and work required by a body governing the strong and numerous medical profession of Ontario.

We wonder did Dr. S. ever enquire or ever know what is meant by the term "messenger" used here. When, by and with the consent of the medical profession generally, the property and building on Richmond Street was acquired, was it expected that the registrar in his occupation should sweep the floors, attend the furnace, wash the windows and do all such manual labour? We hardly think so. That was what the messenger did, the term being one indicating a man whom now we call janitor or caretaker. It is scarcely necessary to dwell further on this part of the question.

Does our correspondent know what salaries are given to town and even county treasurers who, in many cases, have neither the funds to handle nor the work to do that the treasurer has? We are quite sure that he himself would not undertake it even for the salary now attached to the office.

Then the "official editor," as he pleases to call our own unworthy self, has the magnificent sum of \$600 for doing his work. Truly we should be well paid. But please look at our contract. We are required to publish and send out the Annual Announcement, which this year cost \$470; pay the stenographer \$85; publish the advertisement of examinations, \$40; leaving the enormous sum of \$5 to pay for a monthly edition of a journal of at least sixty-four pages, printed on good paper and with good type, to be sent to every registered medical practitioner of the College. Really a consummation to be much desired!

Then, again, the cost of the Announcement does not represent nearly the cost to the Council if they printed it themselves, the rate given to us by our publishers being more than \$200 less than could be obtained by the Council. Then time spent in editing, answering disgruntled correspondents. Bah! the subject palls on us and leaves us in wonderment as to why we do it. Of course, it

must be considered that, according to our correspondent in a former issue, city practitioners have nothing much to do, and, as a consequence, we can easily devote our time for nothing to any object we please. We only wish he had a little more work to do or something of that kind to shorten his communications somewhat.

As a conclusion, we will promise the Doctor all our influence for the office if the Council ever decides to appoint an "official jester."

---

### SHOULD THESE THINGS BE?

In our December number, we drew attention to two or three cases of what we feared was a rather wholesale attempt at advertising through the ordinary reading columns of the daily press of this city. Subsequently we were given to understand that in most of the cases referred to, the articles appeared without either the consent or the desire of the physicians mentioned, and we stated the same in our last issue. Instances of the same kind are constantly cropping up, and certainly they do not add dignity to the profession. If physicians are so injured in their feelings by their names receiving such publicity, we are of the opinion that they can obtain satisfaction in the courts—individuals have rights! An American judge, in summing up a case bearing some resemblance to one of this kind, said: "The right to life has come to mean the privilege to enjoy life, without publicity or annoyance; . . . private rights must be respected as well as the wishes and sensibilities of the people."

We are inclined to think that if medical men do dislike this publicity, and would stand for the right, that occurrences of the kind would happen less frequently. Certainly articles on popular diseases would not appear over the signature of members of the profession in good standing; nor would it be necessary for a mineral water to obtain a coroner's verdict as to its value; nor would the account of an accident read like this: ". . . thanks to the attention bestowed on it by Dr. ———, No. —, ——— St.," or "Dr. ———, ——— Ave., dressed his wounds," or "Dr. ——— . . . up on ——— St.," etc. Really, when the matter is looked into, what does such a reference mean? Simply, that in this or that disease, or in case of



accident, you will find that Dr. ——— is specially adapted for that class of practice. Compare such a *reference* with the advertisement: "Dr. ———, ——— Ave. Specialist—wasting diseases, etc." And where is the difference? In the one case he gets the reference *gratis*, through some (?) over-zealous reporter, and his 'phone number is left out for the sake of appearances; while in the other the *quack* pays for his advertisement, and has the privilege of inserting his telephone number if he so desires.

Nor is the daily press the only avenue through which improper self-aggrandizement is carried on. Only recently we observed an article by a member of one of the teaching bodies in Ontario, claiming to be something more than he really is—he will require to summon all his gymnastic elasticity to clear himself of such an unseemly proceeding. And in a recent issue of an American journal, we noticed an Ontario man—a *would-be* school man—posing as the possessor of a lectureship that exists, so far as he is concerned, only in his imagination.

We think such things should not be, and this journal intends to make its presence felt in the matter. Doubtless we will make enemies—all quacks are enemies now—though we would hardly like to say that all our enemies are quacks. Many, however, might be called "*line shavers*." The code of ethics, as adopted by the Ontario Medical Association, says: "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases," etc., etc.

The profession in Ontario should live up to this, and we propose to keep our eye upon those who profess to, but who do not.

#### EDITORIAL NOTES.

The preliminary programme of the Congress of American Physicians and Surgeons is just out. The meeting will be held in Washington, D.C., on May 29th, 30th, 31st and June 1st next. On Tuesday, the 29th, the General Session will be under the direction of the "Association of American Anatomists." On Wednesday, under the "American Climatological" and the "American

Dermatological Associations." On Thursday, the "American Association of Genito-Urinary Surgeons," and the "American Gynæcological Society" will have charge. In the evening the President, Dr. Alfred L. Loomis, will give an address on "The Influence of Animal Experimentation on Medical Science." On Friday, the "American Laryngological" and the "American Neurological Associations" will have the direction of the General Session of the Congress.

On Thursday, Feb. 8th, an Orthopædic Department was opened in connection with the Free Dispensary at 78 Hayter Street, Toronto. It is intended to provide free attendance and the instruments and appliances at cost price, which are required in the treatment of all deformities, joint and spinal diseases. Any physician can recommend patients to it who are unable to pay the usual fees, and who are sufficiently well to attend at the dispensary. Financially, it will depend for support on the assistance of those who may be interested in such work, and who may be led to co-operate. It is under the care of Dr. Bremner, late assistant surgeon out-patients' department of the Hospital for the Ruptured and Crippled, New York.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

#### CERTIFICATES OF DEATH.

At a recent inquest, held at Victoria, on the body of a woman called Mrs. Roberts, who died at Plumper's Pass, when she had been ill for some time and had no medical attendance, it came out in evidence that a certificate of death had been given by a physician on a very superficial view of the remains. No *post mortem* was made, the clothing on the body was not removed, and a certificate of death from heart failure was given from the appearance of the face and eyes, both of which were said to have looked natural. The physician who gave the certificate stated in his evidence that this was a common practice amongst the medical men in Victoria. Subsequent inquiries made amongst the undertakers' and court records did

not bear out this assertion, and the coroner, Dr. Walkem, of Nanaimo, took occasion to give the witness a dressing-down which he won't forget for some time. The difficulties in getting proper certificates in cases of persons found dead in Vancouver we can appreciate from the fact that we happen to be the coroner of that city, and have had on more than one occasion differences with the City Council on the subject of inquests. In cities and municipalities, the expenses of inquests are shouldered by these bodies, but in outside districts under the immediate charge of the Government, the expenses are taken out of the Provincial treasury. In British Columbia the Government spares no expense in ferreting out the cause of death in all cases where parties die under the least suspicious circumstances. The administration of justice is something we are proud of here. But in the cities the coroners have an uphill work to do, as they are handicapped if they wish to do their duty thoroughly and well. The ordinary alderman, who, by the bye, is not over-intelligent, constitutes himself a judge in many cases of when and where it is not necessary to hold an inquest. If a man is shot down on the public streets in the presence of scores of witnesses, it is all right to hold an inquest; but men found dead in cabins or in hotels, if they occur with any frequency the aldermen raise a howl about extravagance if they are saddled with the ordinary coroner's fee, not to speak of the expenses of a *post mortem*. The coroner is accused immediately of holding unnecessary inquests, and if he is a sensitive man, he feels his position keenly. There is a strong temptation, therefore, at times to do the work allotted to him in a superficial way, for the police, as a rule, back up the aldermen, from whom they get their salaries, and whom they wish to please by keeping down expenses. The coroner, of course, can insist upon them doing their duty, but it is done in a half-hearted, perfunctory way which is disagreeable to this officer. The majority of policemen in small cities have very little knowledge of crime in its finer details, and it is only when gross manifestations are apparent that they bestir themselves in the way of investigation. It is different with the Provincial police, who, though only working for salaries, have more professional pride, and are more ambitious to make reputations. If the var-

ious coroners were supported by men of this kind, there would be less reason for complaint than there is now, and the ends of justice would be better satisfied. The law, too, would have to be altered, to allow *post mortems* to be performed without the summoning of a jury and witnesses, all of which entails a great deal of trouble, unless it is a case in which it is self-evident from the beginning that it is one of foul play.

From our present knowledge, however, we do not know of a single case where a medical man gave a certificate in the loose and irregular way that the medical witness in the Roberts' inquest confessed to have been guilty of. We hope, for the honour of the profession, that there are very few of our brethren that have so lax a view of their duty, both to themselves and to society, as to be instrumental in thwarting the ends of justice. If there have been, we trust they will take warning now, and turn over a new leaf. We cannot be too particular in granting certificates of death in the case of the unknown dead.

#### A VISIT TO PRESTON RETREAT.

While spending the summer with Dr. Joseph Price, in Philadelphia, it was my privilege to occasionally visit the Retreat, where the arrangement, methods and results so impressed me that I concluded a report of my visits might be of interest, as illustrating the possibilities of the lying-in chamber, where the management is according to the principles of modern surgical cleanliness.

Preston Retreat was established in 1839 by a wealthy physician, who recognized the necessity of an institution where poor but respectable married women could be provided with comfort and skilful attendance during their accouchement.

The building, which is of marble and of Grecian architecture, is situated in the centre of a large square and is surrounded by green lawns and shade trees. In the rear, and completely detached from the building, is the laundry, and to the extreme right, facing another street is the residence of the physician in charge, Dr. Joseph Price, who stands unique not only in his record at the Retreat but also in the department of pelvic surgery.

The arrangements for ventilation are complete. The halls are cruciform, opening upon the four

sides of the building, thus assuring a continuous current of pure air. All wards open upon the outside of the building—no intercommunication whatever—thus giving ready means of complete isolation if necessary. At each rear corner and removed fifteen feet from the main building are brick piers containing baths and closets. There is no plumbing in the building proper; it is confined to the piers, thus giving a circulating atmosphere between the closets and the wards. During the first fourteen months of Dr. Price's management, the baths and closets were within the building in connection with the wards, and during that period the temperatures of patients ranged 99, 100 or 101, with tongues fairly clean, the breasts sound, the nipples healthy, and the bowels acting freely, but as soon as the plumbing was removed the temperatures fell to normal. By running back over the temperature charts, an observer can at once fix the date of the alteration in plumbing. Throughout the building the strictest simplicity is observed. There are no carpets, but a small rug by the bedside, and there is scarcely a chair that could be dispensed with. Scrupulous cleanliness is exacted throughout all the management. Nurses are requested not to spare the laundry. The soiled linen is collected and sent to the laundry, every three hours. Each patient has her own wash basin and towel.

Many Maternities admit patients only when in labour, but here they are admitted approximately two weeks previous. Thus they become accustomed to their new surroundings, and with an abundance of pure air and nourishing food, they improve in condition wonderfully, and are better able to meet the demands of labour. They have the privilege of remaining for four weeks after delivery, and thus leave the institution in good condition.

Upon the admission of a patient, who is compelled to present her marriage certificate, she is given a bath, and puts on clean clothing. She is given a soap bath twice a week until confinement, her bowels kept free by an occasional saline. She has a clean hair mattress and sleeps on the fourth flat; she leaves her room in the morning and does not enter it until time to retire, during which interval it is thoroughly aired, and heated only half an hour before she is to occupy it. Upon the occurrence of

premonitory symptoms of labour, the patient is given a soap bath and a vaginal douche, bichlor. 1-2000, is dressed in clean clothing and goes to a clean delivery room, which is used only for that purpose. The physician and nurse also make a complete toilet, thus ensuring cleanliness in delivery—as a rule only one examination is made. The after-birth is delivered by expression, a second vaginal douche of bichloride, 1-2000, is given, and a quart or more of the solution poured over the mons and thighs, and the dressing is applied. The patient is then removed to a clean straw bed in the lying-in ward.

The bowels are opened if necessary on second day by saline. All mothers nurse their children. The proverbial milk fever is here demonstrated to be a myth, as no rise of temperature takes place without septic infection. Ten to twelve days after confinement, the patient is allowed to get up. The straw bed she used during this period is destroyed and she is given a clean hair mattress. She is then removed to the convalescent ward where she remains till her departure.

Forceps are very rarely used, nature generally being allowed to complete her own work. Anæsthesia is used in about five per cent. Uræmic convulsions are treated by severe purging by salines with chloral internally. All lacerations are repaired in the most careful manner. One porro operation at midnight, both mother and child saved.

Only three cases of ophthalmia have occurred during the seven years of Dr. Price's management. The first was delivered in the gutter as the woman was stepping from the carriage. The second was delivered in the bath-room as she entered, and the third was delivered in the hallway. These cases were therefore delivered without bathing, toilet or anti-partum douche. Dr. Price maintains that if, in the next ten years, each woman in labour were given a 1-2000 bichloride anti-partum douche, the blind asylums could be reduced five to one.

When Dr. Price took charge of the Retreat, he determined to apply and carry out all those refinements of technique which assure the most complete and satisfactory results—"perfect environs, clean approaches, everything within the four walls of the house without a suggestion of dirt, and also to scrupulously practise those principles of abdominal surgery which the experience of the



most successful men or the profession credit with nearly perfect results. Dr. Price considers that a woman, during and after labour, is a wounded woman, and the principles of good abdominal surgery apply in her case.

As a result of this painstaking work, and almost absolute cleanliness, Preston Retreat is to-day the best managed Maternity, and leads the world in showing the lowest mortality. Dr. Price has, in this institution, had thirteen hundred and twenty-seven deliveries and only one death, and she was practically dead upon admission. She was picked up unconscious by the police patrol, and died three hours after admission.

Dr. Price contends that with firmness, care and cleanliness, such results are available in the better class of family practice.

ERNEST HALL.

Victoria, B.C.

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### MEDICAL MEN AND LIFE INSURANCE COMPANIES.

In our last issue, we dwelt upon medical men, their fees and remedies at law, and showed that every man, unless a slave, was valuator of his own services. We now propose to deal with life insurance combinations and their treatment of our profession. What are the facts? An agent, who is amply rewarded for scouring the country for recruits, calls upon a doctor, and says he has a candidate or candidates for examination, at the same time informing the doctor that his fee will be \$2.50 or \$3, and with very exceptional ones \$4 and \$5. Other companies on the assessment plan will tie you down to \$1 and \$1.50. Is this treatment fair and just to medical men? In our opinion it is slavish and derogatory to the status of the profession. They should, in a body as a medical society, make their own fees for examination for life insurance, and be able to tell those companies who pay heavy salaries to presidents and secretaries, with palatial offices and residences, the medical man, on whose report and faithfulness in examination depends the success of the company, will no longer

be dictated to in this matter. We don't mean to be unreasonable on this point, but claim, while the butcher, the tailor and the merchant dictate their own terms, it is just and proper that a physician should value his own services. In some instances an agent travels and takes a doctor with him in his rounds—the more applicants, the more the doctor makes, hence he is in partnership with the agent—roping in parties who are not in circumstances able to pay the insurance premium regularly. If he has no money, his note is taken. These form the lapses in life insurance, but what careth the agent or the partner, so long as they rope in their fee. A whole-souled and honourable physician would spurn such conduct. Frequently a young graduate makes his *debut* before the public in this way, travelling with an insurance agent. The ethics of the profession ought to frown down such tactics—ought also to prevent our members from making examinations in any case for a less sum than \$5. Where urinalysis is required the fee should be \$10; and a laryngoscopic examination should be \$5 additional. Just fancy an order known as Foresters requiring the physician to make a physical examination, with urinalysis, for \$1.50! We trust this matter will be taken up by the profession in this province, and action taken thereon at the next annual meeting of the Prince Edward Island Medical Society.

We believe the profession in this province is equally intelligent and honourable as that of any other province, and if they once determine in this matter they will live up to it. We also believe that all doctors connected with lodges or courts should withdraw in a body, and no longer countenance such a wholesale fraud upon the profession. No doubt many submit in these matters because if they refuse, someone else will do the work—there being no unanimity or harmony in our ranks to regulate the matter, and stand by one another in the course taken. It will not do to argue that such a course on the part of the doctors would be against public policy. It is equally inimical to public policy to combine against the profession, for the profession simply value their own services, and they do not attach a very extravagant value to such an important piece of work, when done thoroughly and intelligently.

## PUBLIC HEALTH.

We recently received a circular from the Secretary of the Provincial Board of Public Health of Ontario, desiring to be informed as to the present status of public health organization in Prince Edward Island; also, what legislation exists with regard to the protection of the public. We are sorry to admit that our organization and laws are very inferior and imperfect. In 1851 an Act was passed constituting boards of health throughout the Province. These Boards were appointed by the Lieut.-Governor and Council, and consisted of laymen and a health officer, but as the power of the Board was limited in finances, they could do but little in the way of fighting an epidemic, unless the Government of the day provided funds. During the small-pox epidemic of 1885-86, this statute was still further limited in its financial powers, and the whole statute was re-enacted with slight modifications. The civic corporation of Charlottetown constitutes the Board of Health for the city, and we believe Dr. Richard Johnson was, until recently, the sanitary officer—a very competent and painstaking officer, who has been poorly rewarded for his service.

The treatment which medical men received in this province at the hands of boards of health and the Provincial Government, during the last small-pox epidemic, was disgracefully mean and contemptible. Our individual experience justifies us in using stronger language. In matters of contract of this nature the high-souled and very honourable (?) Attorney-General of the day refused us a fiat to sue the Government, and had to submit to the treatment thus meted out to us. Should small-pox again invade our shores, as it will, the medical men should be very careful how they act until their fees are first guaranteed, and that in writing, endorsed by the Attorney-General for the time being. It is quite an absurdity to have laymen making health laws. New laws are required, and the time has arrived for a Public Health Department at Ottawa, with the provinces as auxiliary departments or branches, and the previous legislative enactments in this province are of very little use and need to be replaced by new and different legislation to suit the advanced requirements of sanitary science.

*Original Communications.*


---

 INHERITED SYPHILIS, WITH SPECIAL  
REFERENCE TO EYE AND EAR  
DISEASE.\*
 

---

BY ALFRED J. HORSEY, M.D., M.R.C.S. ENG., ETC.

MR. PRESIDENT AND GENTLEMEN,—It is a time-honoured custom of medical etiquette, and this society, when one is about to read a paper, to begin it with an apology. I feel that it would take several good and cleverly couched apologies to excuse me for having the boldness to venture any remarks on this very difficult subject. It is one in which I have long been interested, and if my enthusiasm should make me appear somewhat dogmatic, I hope you will excuse me.

The many and variously expressed views on it in the past, and also happily to a much less extent held at present, indicate that there is much about its evolutions that as yet are not rightly understood.

During the past twenty years more definite knowledge of it has been acquired than all that was previously known which has tended much to simplify it. There is no subject in medical literature which is more fascinating and leads one on in such pleasant though difficult paths of thought, till unfortunately he is frequently lost in the intricacies of this truly wonderful disease. Of recent years, since my attention has been occupied in special lines of practice which afford increased opportunities both of meeting and studying it, I am convinced that it prevails amongst us more than is generally thought. We might ask, what is inherited syphilis? We do not know what the agent causing either the acquired or congenital form of syphilis is. We do know that in the acquired it is some poison communicated usually in one way; though the definite organism, "the germ," if you will, on which it depends has not yet been discovered, though it many times has been said to have been.

Syphilis resembles the specific fevers, the exanthemata, excepting that they are acute, and run their course in a few days or weeks, whereas syphilis takes months or years. In both there is

---

\*Read before the Bathurst and Rideau Medical District Meeting, Jan. 31st, 1894.

a period of incubation and eruption followed by sequelæ.

Inherited syphilis is understood to mean the poison of syphilis transmitted from parent to offspring, of which there are three recognized modes of transmission, all of which produce the same general effect, no matter by which parent or way it gains entrance into the organism of the embryo *in utero*.

I will briefly mention them. First, there is what is known as sperm inheritance from the father alone, the mother, at the time of conception, being pure.

Then there is germ inheritance through the mother alone, the father being pure. These are known as conception inheritance from the sperm or germ of one parent or both. It is said not to make any difference; except where both are tainted the liability of transmission is greater. There is yet another way, through the blood of the mother, so that the embryo has to run two chances through her to one by the father.

The transmittance is said to come about in this manner. Both the father and mother being pure at the time of conception, the fœtus after it has enjoyed, it may be, several months of healthy, intra-uterine life, becomes affected through the mother having contracted the disease, she imparting it to her child through the placental circulation.

Inherited syphilis may be defined as syphilis acquired without a primary sore or chancre, all other infections having a sore on the genitals or other part of the body, excepting under the condition known as Colle's Law, when a pregnant woman through her child *in utero* becomes affected.

There are many rules of inheritance or non-inheritance which will be passed over. It is, I believe, generally admitted that a healthy child, or apparently healthy, may be born to syphilitic parents. Hutchinson, whose teaching largely pervades this paper, and to whom we are indebted to nearly all that is known of inherited syphilis, says that it is not the tendency to syphilis that is inherited, but the disease itself; the child either has it, or has wholly escaped it: that when it is transmitted the course and severity are the same, no matter at what stage it takes place. The difference of degree is often marked, but is referable to the individual, as in acquired syphilis.

Taken as a whole, it runs much the same course after birth as the acquired form. It is a remarkable and well-known fact that at birth the symptoms are usually absent, the infant presenting a healthy appearance. It is not until the fourth week that symptoms show themselves; so that it begins at the second stage no matter what stage the disease was at in the parent.

We are in a great measure thrown on our observations of the objective symptoms for a diagnosis in adult life, and it is not always possible or pleasant to ask questions which may awaken the suspicions and disturb the serenity of marital life.

The child of syphilis comes into the world appearing as other children for about a month, when it begins to snuffle, has a constant cold in its head, as the mother says; nurses with difficulty owing to inability to breathe through its nose. Its respirations are noisy, and sleep disturbed. A symmetrical rash appears in the skin like that of the acquired disease. The skin of the neck becomes red and peels, the mouth sore, and the infant begins to wither and waste. There are condylomata and mucous patches about the anus, periostitis may occur, with nodes on the shafts of the long bones, while abscesses form about their epiphyses. Should the infant survive this stage, it is likely to enjoy several years of good health.

The secondary stage of congenital syphilis is very severe, often causing death, while the tertiary manifestations are almost *nil*, nerve lesions and neoplasms being very rare, contrasting in its stages with the acquired form. In the acquired disease we seldom hear of the secondary stage killing, while we often do of the late effects. Here nerve lesions are common, and intra-cranial disease of the arteries at the base of the brain, and gummatous tumours of the same part are frequent.

About puberty in congenital syphilis, other well-marked, even pathonomic, signs appear; in interstitial keratitis, notched teeth, deafness, with other less important phenomena. After these another lull sets in, which may last through life.

The syphilitic child develops a somewhat square head, prominent supraorbital ridges, and flat nose easily flexible at the point. The skin is ruddy but soft and pliant, which at the angles of the mouth is frequently marked by radiating lines, the remains of old eruptions. Such are some of



the characteristics in youth and adolescence, which remain throughout life in a less marked degree.

That signs of inheritance begin to show themselves after the child has breathed an independent existence for about a month, is remarkable from the fact that this is the period of incubation in the acquired form.

And another strange occurrence is that though syphilis is thought to be the most frequent cause of abortion, the child is usually born apparently healthy.

It was Hutchinson who first proved the syphilitic nature of interstitial keratitis, as well as the peculiar malformation of the teeth, which bear his name, either alone being sufficient to prove inheritance.

Eye lesions, in the congenital form of syphilis, occur somewhat in the same order as in the acquired disease, but with varying frequency. Iritis, which is of common occurrence in the secondary stage of acquired syphilis is almost unknown in inheritance, though this stage here is so much more inflammatory.

Retinitis and choroiditis are somewhat rare, while keratitis is most common. Interstitial keratitis comes on without much disturbance of the conjunctiva or sclerotic. The cornea is steamy and afterwards becomes opaque like ground glass. The cornea and conjunctivæ later become highly congested, with a wide ciliary border of inflammation. There is much intolerance of light.

The cornea, in patches at its border, may become a dark red or salmon-colored, sometimes resembling blood, in the anterior chamber, vision at this stage being greatly in abeyance. There is an absence of suppuration, but dense leucomata may form, which never become removed, shutting out vision more or less completely.

But it is marvellous how these cases clear up as only syphilitic inflammations can, even without treatment, though they may present very unpromising appearances, and take several months in the process. Both eyes are affected, but usually not at the same time; months may intervene between the disturbance of the first and second eye. These cases may relapse.

Retinitis and retino-choroiditis are more rare. Disseminated choroiditis consists of discrete pigmented dots of atrophy, situated at the extreme periphery of the fundus, as seen by the ophthalmoscope.

The organ of hearing suffers less frequently than that of vision, and is not so characteristic of inheritance. But where deafness affecting both ears (symmetrical deafness) comes on suddenly in a young subject, without pain or discharge or tinnitus, that is, without obvious cause of disease in the middle ear, it may be put down as from inherited syphilis. It is more frequent in girls than in boys, and occurs about puberty.

The lesion is one of the auditory nerve, shown by the tuning-fork not being heard either at the meatus or on the mastoid bone. The course of the disease is rapid; complete deafness may come on in a few weeks, or be delayed for months.

No one, Mr. Chairman, is more aware of the imperfections of my paper than myself, which was not intended to be exhaustive nor exhausting, but to give a brief sketch of the disease and elicit discussion. It is my pleasure to have here present to-day patients illustrating my paper, who are the subjects of inherited syphilis, who present many well-marked characteristics, more particularly of eye disease, on which I have dwelt.

#### A CASE OF CHOLECYSTOTOMY.

BY F. B. WILKINSON, M.B., COURTRIGHT.

Patient Mrs. W., age 48, mother of nine healthy children. Family history negative.

The water in this part of the country is all surface water, there being no springs or gravel beds in the neighbourhood. Healthy during childhood: had scarlet fever and measles after her marriage, twenty-five years ago. A year before marriage she gives a history of having severe attacks of colic, three or four paroxysms daily. These attacks lasted for a period of six months. Pain which came on and ceased suddenly, extended from the region of the gall-bladder through to her back. One and a half years passed before another attack came on. This occurred four days after the birth of her second child. She never had an attack during the time she was pregnant. This spell of pain continued intermittently for nine months, and ended suddenly during a severe paroxysm with vomiting. After this, she had complete relief for twelve years and two months. Then (about nine years ago) she had another series of paroxysms of the same character as the previous ones, at the

rate of one or two a week, gradually becoming more severe, and lasting about three months. These were accompanied by jaundice and light colored stools.

Retching and vomiting were symptoms of all attacks. Constipation not marked. The present attack commenced in January of 1893, at which time I saw her. The pain, characteristic of biliary colic, occurred first at intervals, gradually became constant, as also did the vomiting, when she was not under the influence of morphia. No jaundice. Diagnosis: Obstruction of cystic duct. She had never found a stone in the stools. Operation advised when the pain became constant.

No other treatment beyond morphia hypodermically, to relieve pain and vomiting. She would not consent to have operation until April, at which time she was very much reduced, so much so that the prospects were not very bright.

Operation performed under strictly aseptic surroundings, with the valuable assistance of Drs. Johnston and Ames, of Sarnia. The incision commenced at the cartilage of the ninth rib, extending vertically downward for three inches. The gall-bladder at once presented in the wound. The aspirator withdrew two and a half ounces of clear, viscid fluid. The gall-bladder was seized with forceps, sponges packed around it to protect the abdominal cavity, and an opening to the extent of an inch made. Seventy-four stones were removed weighing 340 grains. The only large one, eighty grains, completely blocked the cystic duct, accounting for the constant character of the pain. It could not be removed with any of the forceps at hand, but with a dull uterine scoop was easily brought to the opening. Bile at once flowed freely. The gall-bladder was stitched to the abdominal wall with silkworm gut. A rubber drainage tube packed around with iodoform gauze completed the dressing. The temperature did not go above 100; recovery uneventful, a biliary fistula remaining.

After some weeks an attempt to close the fistula was made, but in six hours the distress over the whole hepatic region was so great the stitches had to be removed. Some days after this, she had an attack of colic, and passed her first gall-stone per rectum, which had evidently become dislodged by the pressure of accumulated bile. This stone and

another passed since are peculiar, one being V-shaped with club-shaped ends, the other being about one-third of an inch long, also club-shaped at one end; both being one-tenth of an inch in diameter, and of the consistency of hard wax. A second attempt was also unsuccessful on account of another attack of colic. The fistula has since been closed with a double row of sutures, the edges of the gall-bladder freshened, and joined with catgut, the abdominal wall with silkworm gut.

There is nothing brilliant about this; it is reported to encourage other practitioners in the country. The operation is one presenting less difficulty than the average laparotomy for pelvic disease. The time, forty-five minutes, the greater part of which was occupied in fishing for stones, could not only be very much shortened, but the operation simplified by the use of Murphy's button.

---

### Correspondence.

---

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

---

### REPUDIATION OF M. D. A.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

SIR,—In your last issue is a letter from Dr. Lovett; in it he honours me with some little notice. He writes: "Dr. Burrows knows well that his 'mush-room organization'—the Medical Defence Association—will not stand the light of day," "losing faith in the new organization," etc. Now, Sir, Dr. Lovett is entirely wrong. I have never, in any way, or at any time, been connected with the Medical Defence Association, and I could not readily lose what I never had—that is, faith in it. I believe, with Dr. Lovett, that the organization was self-created, and that the zeal of its most prominent members is not without self-interest. Could Dr. Lovett read some of the letters received from Dr. Coburn Eastwood and others, he would not charge me with having either the confidence or support of that organization. I have only asked fair play, the rising above personalities, and a calm consideration of what is in the best interests of the profession.

I am, Sir,

Yours truly,

P. PALMER BURROWS.

Lindsay, Feb. 5, 1894.



## A CASE OF BLACKMAIL.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—I wish to call the attention of your readers to a case of attempted blackmail, and to the noble stand taken by the would-be victim, Dr. Bullis, of Dresden, to vindicate his honour and uphold the profession.

Some time in November last, a girl by the name of Escott laid a complaint, and brought criminal action against the Doctor for seduction and an attempt to produce an abortion, after he refused to pay her any money to hush the matter up. The following is her story in brief:

She says, in February last, that she visited the Doctor's office, not feeling well, and he assaulted her. She returned in March and the same thing occurred again, although she made no noise at the time, nor told her father or anyone else. She again visited him in June, and said she was in the family way, and asked him to give her something to bring her round, which he refused to do. She called again in September, and said she was constipated and had the whites, for which he gave her some cathartic pills and a syringe to wash out the vagina. She again begged him to bring on her menses, and, on his refusing to do so, she threatened to swear it on him. He ordered her out of his office, and heard no more from her until he was sent for by a lawyer in Dresden, and was asked to settle. He indignantly refused, as he had nothing to settle for, and walked out. She then had him brought before the police magistrate in Chatham, when he offered no defence, preferring to sift the matter to the bottom and have his trial before the judge. The police magistrate took his own recognizance for \$500 to appear before Judge Bell, which he did in due time. In the meantime he had procured the services of a detective, and secured evidence to show that the girl was a notoriously bad character; that she had been common property; and that one man in particular, whose character was even worse than her own, had induced her to bring this action against the Doctor for the purpose of bleeding him freely, telling her she could easily get \$500 out of him rather than have his name mixed up in such a scandal, and when she got the money they would go away and have a good time together.

All this and more to the same effect was brought out, by cross-examination, and the consequence was the Doctor was honourably acquitted, after asking to make a statement himself, in which he said he never saw the girl till June, when she came to his office and wanted him to induce a miscarriage; that at the times she said he committed these assaults he was not in Dresden.

The two medical men, Drs. Duncan and Sieve-wright, who had been summoned by her to give evidence, clearly proved that it would be utterly impossible for her to introduce a large syringe through the os, and that the medicine he gave her could not produce an abortion. No evidence was called for the defence, although the Doctor had a dozen or more reliable witnesses, neighbours of this girl, who were ready to swear she was a common prostitute, and could not be believed on oath. And the sequel proved they were right, as she has since stolen her father's money and run away, and her father has, through the papers, warned people not to give her credit on his account. The learned judge, in discharging the Doctor, said he was sorry that any professional man should be at the mercy of such a character, and that it was a clear case of blackmail, and further, that there was not a stain on the Doctor's character, which has been proven by the fact that he now enjoys the confidence of the people to a much greater extent than even before.

I may say the profession of Chatham rallied round him in his hour of trial, as it was their duty to do. And I think every medical man in the Province owes him a debt of gratitude for his manly fight for his own honour and that of the profession.

I would not have troubled you with this long letter, but the press had very sensational accounts of the proceedings before the magistrate, and very little was said after the trial, and as some of these articles, no doubt, were read by his brother practitioners, I thought it my duty to put the case in its true light before the profession through your columns, which must be my excuse for taking up so much of your space.

I am yours, etc.,

JOHN L. BRAY.

Chatham, January 25th, 1894.



## PROFESSIONAL TAX.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—In my last letter I promised that, in this, I would endeavor to satisfy even you that the professional tax was never required to meet the legitimate liabilities of the Council. To reach this end, it will be necessary to quote figures, and figures are dry details which most readers would gladly avoid. Since, however, the Financial Returns, recently submitted to the Council by its Treasurer, were supplied to every practitioner in the province, first in loose sheets, and, subsequently, in the Annual Announcement for 1892-93, pp. 201-211, it may reasonably be assumed that they are still in the possession of all. Instead, therefore, of entering into details, it may suffice to give results—leaving it to your readers to verify these, by careful examination, and a reference to the Financial Returns. Should you, however, venture to challenge the absolute accuracy of my figures, or the correctness of my conclusions, I shall be ready, of course, to vindicate them in a subsequent letter.

In 1874, the Council approached the legislature seeking power to tax the medical electorate. Finding the government of the day indisposed to grant the authorization sought for, it untruthfully alleged that it was in financial straits, that its income was insufficient to meet its annual liabilities, and that, unless the permission asked for were given, the Medical Act being a public Act, the government would have to supplement the Council's ordinary income by an annual subvention from the public purse. Under the pressure of this artful threat, the government weakened, and, being moved thereto also by the assurance given that the proposed tax was designed to be merely a temporary expedient to tide the Council over present difficulties, and to enable it to secure a suitable Hall for its examinations, very weakly suffered the Act of 1874 to become law. That it did so unadvisedly is now very generally conceded. It was its obvious duty to thoroughly inform itself of all the facts of the case, before permitting a body, with such anomalous relations, to obtain power to tax one of its two constituencies, while carefully exempting the other from all money contributions whatever. This duty, unfortunately, it neglected, and it even accepted, on trust, the misrepresentations

made as to the necessity of the impost. We must remember, however, that, twenty years ago, medical men were quite as apathetic as now, and very much less united, and that, consequently, it seemed to be no one's business to disabuse the government of its misplaced confidence. Very few of us, in fact, were permitted to know that any movement was being made to tax us, until after the legislation had been secured. Some of the territorial representatives were opposed to the complot, but their objections were overborne, and it was presented to the government as the concoction of the Council as a whole. The device was, as is now very well known, the contrivance of the schools. These not only inspired it, but also promoted it with all the influence they could bring to bear on the government and the legislature. Moreover, that nothing might be wanting to render the tax both galling and detestable to the electorate, they very unadvisedly stooped to accept, as their confederate and principal agent in lobbying the measure through the House, the late Dr. D. Campbell, formerly President of the Homœopathic Board. The entire scheme—ungenerous in its conception and grossly unjust in its application—was thus concealed, in its inception, from the general profession, was based on misrepresentation and furthered by craft, and, on these grounds, I have ventured to say, elsewhere, that the Act of 1874 was obtained "fraudulently." When someone cognizant of the whole facts of the case, after carefully comparing the results given below with the Financial Returns, can show that any milder term as fitly characterizes the entire transaction, I shall be quite content to adopt it.

Now, Sir, you and your friends, when confronted with unpleasant facts, numerically expressed, appear to imagine that you can explode the whole case against you by a vague or general denial of the accuracy of the figures. May I venture to suggest that your readers have possibly been surfeited with light fare of that kind, and that they would now like something more substantial. With pencil and paper in your hands, and the Financial Returns spread out before you, kindly, then, proceed to explicitly prove or disprove the following statements:

(1) In no single year prior to 1874, nor in 1874 itself, was the Council without a handsome surplus

to its credit in the bank over and above all its liabilities.

(2) In 1873-74, when it sought for and obtained permission to tax the profession, untruthfully alleging that it had not the wherewithal to meet its liabilities, it had a clear surplus of \$1,628.16 in the bank.

(3) In 1874-75, one year after the passage of the Act, but before one dollar had been received by way of Annual Assessment (see first column of Financial Returns, p. 201), the Council's income was \$4,896.14, and its expenditure only \$3,283.90, so that the balance to its credit in the bank was increased to \$3,240.40—leaving nothing unpaid.

(4) Now, omitting altogether the receipts set down in the first column of the Financial Returns from 1874-75 up to 1879-80, and thus excluding not only the professional tax, but also the receipts from fines and registration fees, the aggregate legitimate income for the five years was \$29,480.30, while the aggregate legitimate outlay, omitting the investments, was only \$27,656.78. So that up to 1879-80 inclusive, there accrued a further balance of \$1,823.52 to the Council's credit—thus swelling the entire surplus to \$5,063.92—the annual interest on which, had it been invested at 5%, would have been \$253.19.

(5) Besides thus increasing its balance in the bank, between 1873-74 and 1879-80, from \$1,628.16 to \$5,063.92, and without counting in one cent received from assessment dues, and also leaving out of consideration the receipts for fines and registration fees, because these are bulked with assessment dues in the first column of the returns, the Council was able, during this seven years, to increase its aggregate payments to its own members, under the heads of Council and Committee Expenses, by \$3,124.19 over that of the previous seven years—an average annual increase of \$446.31; to add \$350 a year to the salary of its Registrar and \$250 a year to the Treasurer's; to multiply its annual miscellaneous outlay threefold, or from \$600.67 to \$1,816.16; and to expand its other items of expenditure in proportion—and all this, I repeat, without using one cent of the proceeds of the professional tax.

(6) Between 1879-80 and 1886-87, when its

building operations commenced, the aggregate of the Council's legitimate receipts, *i.e.*, its entire income exclusive of the professional tax, proceeds of mortgages, temporary loans, and real estate transactions, amounted to \$53,058.58, while its aggregate lawful expenditure for the same period, *i.e.*, its whole disbursements, exclusive of temporary loans, mortgages, building construction and such other outlays as are given in the Returns as distinctly connected with its real estate, amounted to only \$42,781.38. There, consequently, accrued during this seven years a further surplus of legitimate receipts over expenditure, reaching the very handsome sum of \$10,277.20—this without touching one cent of the proceeds of the professional tax, and notwithstanding that, in the exercise of its exalted capacity for enlarging its expenditure *pari passu* with its receipts, the Council had, during the seven years in question, as compared with the preceding seven years, again increased its payments to its own members, as given under the heads of "Expenses of Council and Committee Meetings," by an aggregate sum of \$1,400.61, or an average annual addendum of \$200.08, and had again inflated its other outlays in proportion, adding another \$50 a year to the salary of its Treasurer and another \$450 a year to that of its Registrar, and, since it was manifestly undignified for a \$1,200 Registrar to do his own trotting around, as had been done by his \$750 predecessor, the Council graciously fitted him up with a Messenger at \$200 a year.

(7) This seven years' surplus of \$10,277.20, added to the \$5,063.92, specified in (4), gives in 1886-87 an aggregate surplus of \$15,341.12, the annual interest on which, if invested at 5%, would be \$767.05—a sum quite sufficient to pay the rental of ample Council accommodation from that date. If the \$253.19 annual interest on the surplus reached in 1879-80, is considered insufficient to pay the rent of such accommodation as was occupied prior to 1886-87, we may regard it as supplemented by the registration fees paid in from 1874 to 1880, which, as before explained, we have hitherto left out of account, hence the interest of each subsequent year's surplus.

(8) Since 1886-87 the legitimate income, expenditure, and surplus for each year, as obtained from



the Returns and the Annual Announcement, 1893-94, are as follows :

1887-88	Income \$13,186.00	Expenditure \$10,144.40	Surplus \$3,041.60
1888-89	" 13,557.58	" 13,567.69	Deficit 10.11
1889-90	" 13,068.63	" 12,227.92	Surplus 840.71
1890-91	" 13,675.10	" 11,839.70	" 1,835.40
1891-92	" 14,124.60	" 11,626.39	" 2,498.21
1892-93	" 14,919.30	" 13,787.18	" 1,132.12

Thus, had the Council refrained from speculating in real estate, its available surplus of receipts over expenditure for the six years ending 1892-93, would have been \$9,337.93—this, again, without counting in one cent derived from the professional tax. The legitimate receipts, besides rolling up this surplus, had to withstand the strain of the Council's higher evolution. The Council grub had now become a butterfly with lofty aspirations and expensive tastes. The \$200 Messenger had developed into a Caretaker and an Elevator Man, with salaries amounting to \$795, the \$300 Treasurer, and the \$1,200 Registrar, were found to be worth \$400 and \$1,800, with, in the case of the latter, casual advantages amounting annually to over \$200 more. The Council paid its own members under the heads of "Expenses of Council and Committee Meetings," during the six years, just \$8,373.02 more than during the preceding six years, or \$1,395.50 more annually. It engaged a Council Solicitor to instruct it how to squeeze an unjust, unconstitutional, and unnecessary tax out of the profession—paying him for his services, for the six years, \$2,401.97, or at the rate of \$400.33 per annum, altogether exclusive of the legal expenses involved in prosecuting quacks, and in suing 1,184 registered practitioners in Division Courts, because they refused to pay an odious exaction. It engaged an Official Typewriter, and an Official Stenographer, and a \$600 Official Editor, and, had it not been pulled up short in its career of official expansion, by the untimely frosts of professional discontent rudely nipping its soaring aspirations in the bud, another few years would have, doubtless, seen it in full swing—with a salaried Chaplain, a Sergeant-at-arms, an Usher of the Black Rod, a few Pages, an Official Tiger, a Steam-launch, and, possibly, a Council Jester, to enliven the tedium of official debate, when mutual felicitation might pall the appetite, and even vituperative accompaniments no longer give the relief desired.

(g) Thus the entire surplus, accumulated up to

last year, would have been \$24,679.05, the annual interest on which, at 5%, would have been \$1,233.95.

(10) Now, Sir, kindly put a pin through each of the following conclusions, and keep it for future reference, first, however, impugning and rebutting any of them if you can :

(a) It is clear that the professional tax was not necessary in 1874, when the Council claimed that it was required to meet a deficit in its accounts—since no deficit then existed, or had previously existed.

(b) It is equally clear, that for the first six years after the taxing power had been secured, the tax was not needed to meet the Council's lawful liabilities, although it was annually assessed and collected.

(c) The Council's treasury became, for the first time, empty in 1879-80, when, unwisely and *unlawfully*, the Council began to gamble in real estate—sinking, at that time, \$11,191.05, and the following year \$2,807.97, or, in all, \$13,999.02, in the purchase of a site for future more extended operations. I have ventured to call this an *unlawful* expenditure, because it was made clearly *not* "for the purposes of this Act" (Ont. Med. Act, Sec. 2), but for the purposes of speculation and local glorification. On this ground, we decline to regard as legitimate any item of the Council's receipts or disbursements connected with its real estate.

(d) It is quite as manifest that the professional tax was not required between 1880-81 and 1886-87, or between 1886-87 and 1892-93, and, therefore, that it was *never* required.

(e) However desirable, in its opinion, the professional tax may be, the Council itself has furnished the strongest possible evidence that it does not regard it as really necessary, since by clinging, in defiance of law, decency and public opinion, to office one year longer than the amended Act of 1893 allows, it voluntarily relinquishes, not only the tax for 1893-94, which the Act forbids, but, also, that for 1894-95, which it claims that the new Council would undoubtedly assess.

I hope, Sir, to have an opportunity, elsewhere, to show that the professional tax is not required now, and that it is not likely to be required in the near future, to meet the lawful, or necessary, dis-



bursements of the Medical Council. I have only further to add, in this connection, that I have, in this letter, incidentally laid bare a course of extravagance on the part of the Medical Council which ought to promptly relegate every one of the elected members to private life. The Appointees and Homœopaths were practically irresponsible, and they, doubtless, proceeded on the assumption that whenever more money became necessary, it could, at any time, be obtained by more diligently milking the professional cow—the operation being aided, possibly, by such patent suction appliances, and legislative persuaders, as the Amendments to the Medical Act procured in 1891. Better things, however, might have been expected from the territorial representatives. Yet, Sir, I defy you to point out, in the entire series of stenographic, or other reports of Council proceedings, a single word of expostulation, uttered by any one of them, against financial mismanagement, unlawful speculation, or the unnecessary expansion of the annual disbursements.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Feb. 2nd, 1894.

#### DR. CHRISTOE'S LETTER.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

MR. EDITOR,—If you should ask me my opinion regarding the large building erected for the purposes of the Medical Council, your paragraph in your last issue, viz., “The needs of the Council to secure ample accommodation for the examination of students, made the erection of a building, such as we have at present, absolutely necessary,” would very much collide with the *sound* judgment of the profession. At all events, its erection, without the sanction of the profession, evidenced a very great want of consideration.

In many elective bodies, municipal and others, provisions exist, guarding the reckless collection and expenditure of large sums of money; and by-laws, before finally passed, must be submitted to the people for their sanction. I do not hesitate to say that common prudence should have dictated such a course to the Council. But, surely, Sir, you will not, on sound business principles, justify the expenditure. It would be an imposition on one's credulity to make an ordinary person believe

in its necessity. It is a costly ornament for such a limited use, and a standing monument to someone's folly for all time to come. It constitutes the Council as a real estate agency, for I dare say it advertises offices to let in large letters, but the profession have to pay the piper.

Is it any marvel, then, that thoughtful men should on this line call a halt? The tremendous whistling and wriggling required to explain away the natural and inevitable sequences of this crooked matter prove that a grave error has been perpetrated.

It is puzzling, too, to know just the position of the ONTARIO MEDICAL JOURNAL. Is it shadowed by the Council completely, and bound to support its theories, right or wrong? Or does it exist for and on behalf of the general profession? If the latter, it is difficult to understand the harpooning which writers, who disagree with the Council, receive at its hands. I have noticed this particularly in the case of Dr. Sangster. Every man is entitled to courtesy, under editorial supervision, so scantily administered in his case. I am no apologist for the Doctor, although agreeing with him on many pertinent points; and I believe, notwithstanding the odious reference to his educational status, he as yet suffers nothing by comparison. As a shrewd debater, critical observer, and fearless champion of right, his compeer in your pages has yet to appear.

As to the tax and its increase, with the history, intelligent members could scarcely be expected to lend themselves to perpetuate such unexampled expenditure; the principle involved forbids it. No exception will be taken in supporting the Council efficiently under economical expenditure. The tax should be based upon approximate requirements annually, and whatever the sum required, whether fifty cents or two dollars, let it be collected. A method like this would prevent accumulations and unreasonable expenditures.

It strikes one very forcibly, to make the Council what it was designed to be, for purposes of finance, education and progress, men must be elected who are qualified, independently of the schools, to do their own business, to practise economy, and, if possible, remedy the wrongs already existing. I am pleased to note that the signs are in that direction. With congratulations at your success

in procuring readable articles, making the JOURNAL a very desirable companion, with those minor exceptions, you know,

I am yours,

Flesherton, Ont.

M. S. CHRISTOE.

## DR. SANGSTER AND THAT TWO DOLLARS.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—“Warped nature never sees its faults,” but, unfortunately, men are seldom blind to the faults of others. Men are prone to condemn without knowledge, and to pass judgment without the light of facts, or under a transmitted light of fact and falsehood combined.

So far this medical fight has developed little of commanding interest to the profession, except a duel between the ins and the outs.

No important reforms have been asked for and obtained from the Legislature, and the side issues of the scene have been a roaring farce of denied inuendo, sarcasm, invective and “You’re another.”

Of course, this wordy tilt has had its amusing side to disinterested onlookers, more especially that prelude of farce, by Dr. Sangster, that is the (that is, intended to be) high way to office, with little of law or change of regime to restrict the new tyrants now seeking on the legislative ashes of the past for that power their wanton hunger neither evades nor denies.

Dr. Sangster, like his counterpart in the far east, may well be denominated the Ontario Pasha of many words. For a year or more they have been a torrent, rushing from one literary precipice to another, without coherence, without mind; perhaps forcible even in their chaos, but rather from profundity than intelligence, perspecuity and reason.

It would seem the possibilities of the future have possessed the Doctor’s soul to the exclusion of all other considerations; he has brooded over them (pardon the simile) like a setting hen; he has endeavoured not to be personal, abusive or sarcastic; he has tried to refrain from the inuendo, the unsaid meaning of the coward; but alas and alack! as in the past, so now, the Doctor has once more proved himself exceedingly human. Nobody than Dr. Sangster knows better human weaknesses, and no-

body should be more generous in the breach; but in this, as before, the Doctor is super-heated, loaded with virus, and its character is too phlegmonous even for experimental purposes.

Petty malice and small-souled venom have driven into obscurity greater men than our worthy friend. The Doctor’s genius does not always sparkle like the dew on the flowers of Herman. His statecraft and diplomacy are not as yet household words, and it is safe to assert that legitimate debate is not born in a biased mind and a soul warped by failure, that it cannot thrive and develop where common-sense fails in discerning those nice distinctions in debate that are the crown, the insignia of nature’s gentleman.

The principal questions before the medical fraternity now seem to be: What are we debating about? What, if any, are the arguments being advanced by the verbose Doctor? Or, Is all this fuss and feathers a desire to hear the violence of an incoherent echo, solely made and demanded to please the egotism, if not the vanity, of one man?

Voluble generalities are not argument, and repetition is too often the fortress of doubt and uncertainty. This brings one back to the main question. What has the Doctor said? A literary repast of adjectives; a meal of sarcastic compliments, with the Doctor ever in the position of mine host! An everlasting circle of the same dishes without menu—dessert; pepper and sauce in abundance is liable to produce mental dyspepsia; but attitudinizing and hyperbolical invective are apt to produce mental nausea, even in homœopathic doses, such as the heroic Doctor is a stranger to—denies.

Dull must be the mind that mistakes playful badinage for common assault; fevered the intellect that cannot discern what everyone knows, that Dr. Sangster is playing for place; is desperately trying to recover lost ground. Dr. Sangster wants rehabilitation rather than reform; his grievance is personal, and he hopes the dead past may not be resurrected, and that only one parcel of soiled linen will go to the public laundry to be deodorized—disinfected. Before sending Dr. Sangster to the Medical Council, it might well be asked, has he lost any of the tyrant that was one of his early attributes, has the little despot changed, and will he introduce into the Medical House—now swept and garnished—a better order of things than now



pertains, or will Scripture repeat the history of pretence ?

Many of us have green memories of the Doctor's vagaries, his licenses and his mercurial nature, and I trow it would be sailing from the Scylla of the present to the doubtful Charybdis of the future, were the yearnings of the Doctor's heart realized.

I doubt whether Dr. Sangster has a British precedent for taxing the masses and governmental bodies in the constitution. I doubt if he can lay his finger on a college in Great Britain that has been taxed for the purposes of its graduates, or to sustain any further graduating body of which it is a part, and to which it is affiliated ; if not, then his whole proposals are mere experiments that may, or may not, succeed in practice, and can hardly be said to be just, seeing the colleges it is proposed to tax have, by age, precedence.

Rather, is not this whole fight the vagaries of a disappointed, disgruntled practitioner, resting assertion, diatribe and sarcasm on what might have been, but is now wholly impossible ?

For myself, I doubt the necessity of a Medical Council at all. The Council are composed of men from the country, who, as a rule, have more of political genius than high medical or surgical standing. I hold it is not in the interests either of the profession or the sick of the land, that men shall be examiners who have not broad views begotten by a varied and extensive practice. Mere routine practice qualifies no man for the position of examiner in either medicine or surgery, and as a result, the list of questions of the present Medical Council are almost wholly technical, and wholly out of joint with advanced surgery and medicine.

I would relegate the graduating power back to our universities. I would insist on a post-graduate study and course of two years in our hospitals. I would open up our public hospitals to every graduate in reach of them, to treat and operate in, because we are, after all, but the servants of the sick and dying ; and then there would be no Sangsters fighting for the plums of office, no band of preferential medical men, within a charmed circle, holding, controlling and owning practically the hospitals of this and other cities, that should be free to every graduate in the Province to visit, treat and operate in.

Yours,

JUSTICE.

## Book Notices.

*Operative Surgery.* By Th. Kocher, M.D., Professor at the University and Director of the Surgical Clinic at the Berne University. 8vo, 288 pages, 163 illustrations. Extra muslin, price \$3.00. Wm. Wood & Co., Publishers, New York.

*Treatment of the Diseases of the Stomach and Intestines.* By A. Mathieu, Physician to the Paris Hospitals. (Medical Practitioners' Library.) 8vo, 285 pages. Parchment muslin, price \$2.50; flexible leather, gilt top, price \$3.25. Wm. Wood & Co., Publishers, New York.

*The Popular Science Monthly* for February is a production that certainly would be in its place on many a study table. A simple glance at the contents will show the very wide range of scientific and at the same time interesting subjects. Arguments, theories and descriptions that interest others than those devoted to science in itself are here. Many business and busy men in trades and professions could hardly help but be delighted with some of the subjects at least, even if their theories and thoughts run in an opposite direction. Evolution is represented by A. D. White, LL.D., Ph.D., in "New Chapters in the Warfare of Science," and by C. S. Ashley, in "The Relation of Evolution to Political Economy." Biology and Psychology, Geology and Biography are all expatiated on by expert writers. J. E. Humphrey's paper on "Where the Bananas Grow," would interest every layman or priest, from the great general use of the fruit. Every man and woman likes to add items to their small talk for the supper table, or when "Over the walnuts and the wine." they add to their general worth by being able to give information on any subject. Such will be well suited by this paper, which is exhaustive in its line. This number should have a more than certain interest for Canadians, from the fact that two of the best articles are from Canadian pens. Dr. Wesley Mills, of McGill Medical College, Montreal, treats of "Heredity in Relation to Education," in a masterly manner from the standpoint of an educator. His well-known reputation as a teacher of Physiology and an experimentalist in allied "ologies," easily gives strength to his



work. And Miss Blanche L. MacDonell gives us a very neat and well-written exposition on "French Canadian Superstitions," a subject that should stir up the hearts and minds of men during this present age of common-sense and materialistic views. We often wonder that this journal is not more widely read in Canada, which has very many seekers after information in its midst, and we assure them that Appleton & Co. supply a want that is filled by no other publication.

*A Text-Book of the Diseases of the Ear.* By DR. JOSEF GROBER, Professor of Otology in the University of Vienna, etc. Translated from the Second German edition, and edited with additions by EDWARD LAW, M.D., C.M. Edin., M.R.C.S. Eng.; Surgeon to the London Throat Hospital, for Diseases of Throat, Nose and Ear; and COLEMAN JEWELL, M.B. Lond., M.R.C.S. Eng., late Surgeon and Pathologist to the London Throat Hospital. With 165 illustrations, and 70 coloured figures on 2 lithographic plates. Second American Edition. New York: D. Appleton & Co., 1, 3 and 5 Bond St. Canadian agency: 63 Yonge St., Toronto. Cloth, \$6.50.

A review of the English edition of this work appeared in our January issue.

*An Illustrated Encyclopædic Medical Dictionary*, being a dictionary of the technical terms used by writers on medicine and the collateral sciences, in the Latin, English, French and German languages, by FRANK P. FOSTER, M.D., editor of the *New York Medical Journal*, with the collaboration of many eminent American authorities. Vol. IV. with illustrations. New York: D. Appleton & Co.

There are dictionaries and dictionaries, encyclopædias and encyclopædias, but none have or should have such an interest for the medical profession as this Encyclopædic Dictionary. Pronunciations, derivations and synonyms in different languages—Latin, English, German and French—are given in their entirety, and in their several lines nothing is left to be desired. Many articles described are profusely and well illustrated, giving the reader a much clearer idea of the meaning to be conveyed than any text could do. The value of such a work depends upon its accuracy, its convenience of arrangement, and its comprehensiveness, and in this work Dr. Foster, with his collaborateurs, seems

to have struck the exact point. Like all extensive works, the print in explanation is small but clear. The words being heavily leaded, and the paper being excellent, there is no weariness in reading. We have before us the fourth volume extending from Minj. to Z, which certainly keeps up the general excellence of the former ones. The publishers are to be congratulated.

*An American Text-Book of Gynecology*, Medical and Surgical, for the use of students and practitioners. By Henry T. Byford, M.D., John M. Baldy, M.D., Edwin Cragin, M.D., J. H. Etheridge, M.D., Wm. Goodell, M.D., Howard A. Kelly, M.D., Florian Krug, M.D., E. E. Montgomery, M.D., Wm. R. Pryor, M.D., Geo. M. Tuttle, M.D. Edited by J. M. BALDY, M.D. Forming a handsome royal 8vo. volume, with 360 illustrations in text, and 37 coloured and half-tone plates. Price, cloth, \$6.00; sheep, \$7.00; half Russia, \$8.00. W. B. Saunders, 925 Walnut St., Philadelphia, Pa.

In this gynæcological age in the period of medical science, a new work in that line is always acceptable.

Dr. J. M. Baldy, with his collaborateurs, has in this edition done some considerable service to the profession generally, by giving it a work complete, and yet unique in its qualities. Here are found no useless discussions, and no matter that is not of advantage to the student, meaning thereby any reading practitioner. There is no prolonged wading through pages to get at the kernel of the discussion, and one easily finds exactly the information wanted on any portion of gynæcology. Two new chapters have been added to those usually given—the first, on "Technique of Operations," with points on the operating-room; surgeon, his assistants and nurses; instruments, ligatures and dressings; with very excellent photo-engravage plates of each part. One thing he lays down strenuously, and one which should have strong notice from the profession is this: "The gynæcologist has no right to conduct *post mortem* examinations or handle pathological specimens." If this were adhered to, we should have many less deaths in the work.

In the second, on "After-treatment," the condition of the body generally, of the stomach and of the diet, receives special attention, while general dressing is given a good report.

The book is printed in clear type, on excellent

paper, with illustrations that are a great credit indeed to the publishers. This work should supply any man with a work on gynecology which would be most useful.

## AN EPITOME OF CURRENT MEDICAL LITERATURE.

### MEDICINE.

*The Physician's Wife; and the Things that Pertain to Her Life.* By ELLEN M. FIREBAUGH. With portrait of author, and forty-four photo-engravings of original sketches. Octavo, 200 pages. Extra cloth, \$1.25 net. Philadelphia: The F. A. Davis Co. 1894.

This little book, inscribed to physicians' wives in general, and Mrs. Frances Hodgson Burnett in particular, is one that deserves, and undoubtedly will have, a wide reading. It is a record of a phase of life hitherto unrecorded, yet well worthy of attention. It will be read with interest by many others, but will be most keenly appreciated by those who have lived the life of which it speaks. It is not a complete and formal treatise attempting to classify facts, but a series of life-like sketches giving with striking truth and clearness, the principal outlines of character and incident. Any doctor engaged in the general work of his profession will find in it keen and kindly appreciation of some of his peculiar difficulties and short comings. We advise him to get the book; there needs no urging to read it if once within reach; and when it has been read, it may be left on the office table, for it can teach many a patient a better appreciation of the doctor.

### PAMPHLETS RECEIVED.

*The Successful Management of Inebriety without Secrecy in Therapeutics.* By C. H. HUGHES, M.D., St. Louis. Reprint from *The Alienist and Neurologist*, St. Louis, January, 1894.

#### SPRAY IN ACUTE RHINITIS:

R Cocainæ hydrochloratis . . . . . gr. ii.  
 Ol. pini canadensis . . . . . ℥ v.  
 Ol. gaultheriæ . . . . . ℥ ii.  
 Ol. eucalypti . . . . . ℥ ii.  
 Thymol . . . . . gr. ½.  
 Menthol . . . . . gr. 1.  
 Vaseline oil . . . . . f 3 i.

M. et. Sig. Use with double bulb (Davidson) atomizer.

—CASSELBERRY, W. E., in *Jour. Am. Med. Assn.*

**Ichthyol in Erysipelas.**—Thomas (Liverpool *Medico-Chirurgical Journal*, July, 1893), refers to the treatment of erysipelas by ichthyol, and mentions four cases so treated, three of which were complicated by large surgical wounds. The onset of the disease was sudden, and the temperature high. As a result of the treatment, the disease was cured on the fifth day. In only one case was there sleeplessness. None required stimulants, and all experienced great relief from pain after each application of the remedy. Success in this treatment depends upon a very thorough rubbing of a strong ointment of ichthyol with vaselin or lanolin into the red area and into the adjoining healthy skin, covering the parts with a sheet of lint, or the ordinary surgical dressing. —*Therapeutic Gazette.*

**A Case of Membranous Enteritis in a Young Child.**—Nelly B., aged 2 years and 4 months, was brought to see me on May 20, 1892, because she was out of sorts, and was passing pieces of membrane along with her motions. Her mother was a delicate and nervous woman suffering from uterine disease; her father very strong and healthy; there was no history of neurosis in the family. The patient was the elder of two children, and had always formerly enjoyed perfect health in every respect. Her bowels had always absolutely been normal in their action—never loose or constipated. She had a pale face, but otherwise every appearance of being a healthy child. The heart, lungs and abdomen were normal, and the tongue was nearly quite clean.

**First Attack.**—During the last week or two, she had been pale, and had seemed out of sorts. Her appetite had been variable, and she had been picking her nose and grinding her teeth, which she had never done before. On examining the motions, her mother had found portions of false membrane, which she, at first, regarded as worms; and after a

dose of senna there was often blood present. In other respects, the motions were normal, and they were not too frequent. On those days on which the membranes were being passed, she was very restless at night, but she complained of no pain in the belly or elsewhere. Under treatment, the membrane became thinner and less frequent, and by the beginning of July it had ceased to appear, and the child was perfectly well. She remained so for more than four months.

*Second Attack.*—Towards the end of November the mother again noticed the presence of "skin" in the motions, the child seeming quite well at the time. Soon after this the child began to be irritable, and restless in sleep—crying out, grinding her teeth, throwing off the bedclothes, and turning round and round. In other respects she was well, running about through the day, and not complaining of any chilliness, or any pain, excepting slight headache. The membrane was generally present in the motions on two days in the week, sometimes only on one. While it was present the child had a good deal of tenesmus, and often went to stool without passing anything. This symptom was not noticed on the intervening days, during which no membrane was seen. The motions, themselves, were usually normal, but sometimes loose; and after a purgative there was often blood. Micturition was normal. Before treatment, the membrane was passed about every four days generally; soon after, it was only seen every ten days or fortnight; and the intervals got larger until January 31st, when it appeared for the last time. The child's health improved steadily, and up to the present time (14th September) she has remained quite well.

*The Membrane* had the appearance of that met with in croup. Some of the thicker pieces were composed distinctly of two layers. During the earlier weeks of the attack when it was thicker, it was often passed in the form of an entire tube sheathing the formed feces. At other times, and always latterly, it was more or less torn up during passage. Under the microscope it was found to be composed of a glassy-looking matrix in which were imbedded at pretty regular intervals numerous fatty-degenerated epithelial cells and leucocytes, and which contained innumerable microorganisms of various forms and sizes. Dr. Noel Paton kindly

analyzed the membrane for me, and found that it was composed mainly of fibrin.

*Treatment.*—In both attacks a mixture containing nux vomica, bicarbonate of soda and gentian was given, and a few doses of grey powder and rhubarb. This seemed to have a favourable influence on the disease, for on both occasions on which it was used it was followed within a few days by diminution in the thickness and amount of the membrane, and by distinct improvement in all the symptoms.—JOHN THOMSON, M.D., in *Archives of Pediatrics*.

**A Fever Enunciator.**—The Paris correspondent of the *Lancet* describes an electrical system, recently invented, to be used in a hospital ward in much the same way as an automatic fire-alarm system in a mill. Each patient is to have in his axilla an apparatus connected with an electric enunciator, which rings an alarm if the temperature rises above a certain point.—*American Practitioner and News*.

**Cold Mustard Baths in Whooping-Cough.**—Springer (*Sem. Med.*, November 1st) has used cold baths in whooping-cough with success in the case of an infant, aged one month, on the tenth day of the disease. For 48 hours the child had had the look of a corpse; it was motionless and could not swallow, and breathing was sometimes almost imperceptible. The child was plunged into a bath at a temperature of 37° C., to which two handfuls of mustard had been added: it was left in this for three minutes. As soon as it was placed in the bath the child's skin became red, and it began to cry, and when taken out of the water it took the breast greedily. An hour later, the torpor having returned, the child was again put in a bath, the temperature of which was two degrees lower than before, with an equally good result. The baths were then given regularly every two hours, the temperature of the water being steadily reduced by two degrees each time, so that on the third day it was as low as 18° C. When taken out the baby was always wrapped up in a thick layer of cotton wool, the whole being covered with a linen coverlet. Under this treatment the child gained strength and seemed to be recovering, when the parents took it upon themselves to put him once



more into his usual clothing. Twenty-four hours later intense broncho-pneumonia, occupying the whole base of the left lung, came on. Springer had recourse to the same treatment as before, the baths being given every two hours, day and night. After some days they were given only in accordance with the temperature taken in the rectum every three hours. Five weeks after the beginning of the illness the broncho-pneumonia was cured, the temperature was normal, and the attacks, which were gradually becoming less frequent and less violent, were no longer followed by vomiting. After two months of treatment the child was taken to the country, being then convalescent. At the end of four months it had quite recovered, and had no cough. It had had in all more than 300 cold baths. Springer suggests the regular adoption of this plan in newborn children suffering from whooping-cough when the fever is high, the paroxysms frequent, and the child ceases to suck. He thinks the disease is also amenable to hydrotherapeutic treatment in older children and in adults. In these cases, according to the indications, tepid baths, gradually chilled baths, cold baths, the wet pack, and douches—hot or cold—must be used, the duration and temperature being regulated by the circumstances of the case.

**Perrenot: Eruptions of La Grippe** (*Prov. Med.*, July 15, 1893, and *Jour. de Med. de Paris*, Oct. 8, 1893).—The author has observed cases in children when the only manifestation of la grippe was a more or less intense eruption following a slight naso-laryngeal and ocular catarrh. Most of these eruptions were of the scarlatinal form, and when confluent, the diagnosis became extremely difficult. The points to be considered are the prevalence of an epidemic of la grippe, and not of scarlatina; the less stormy period of invasion; the slight angina, which may be absent altogether, and is apt to be overlooked unless carefully examined for. The catarrhal symptoms may simulate the onset of a mild case of measles.

The eruption is always in the form of a diffuse erythema, and becomes generalized very rapidly. The erythema is composed of many tiny red points, leaving healthy skin between; and the points never appear upon a previously scarlet case, becoming dark red or violet, as in scarlet fever. The exten-

sor surfaces of the knees, elbows, and wrists are more thickly covered than the flexor surfaces. In three to four days the eruption has reached its height, and defervesces suddenly, not gradually, as in scarlatina. Desquamation is often absent or may be furfuraceous in character: but even in the most intense cases, the writer has never seen desquamation occur in large patches.—*Archives of Pediatrics*.

**Chloroform as a Tænicide.**—Chloroform, which was first employed by the French for the above purpose, was found to be a very effectual remedy when given in the University Policlinic, of Berlin. It was administered as follows:

Chloroform ..... gms. 4.  
Ol. tiglii ..... gtt. i.  
Glycerine ..... gms. 30.  
M.S.—To be taken in one dose.

Employed in the treatment of thirty-eight cases, but one failure was recorded. No ill-effects were observed.—*Lancet-Clinic*.

**Fatty Liver; Torpid Circulation.**—You saw this boy (of about two years of age) perhaps three weeks ago when the diagnosis was made of fatty liver. Since then he had an attack of pneumonia, from which he has just recovered. His liver is certainly smaller than it was. The treatment has consisted in keeping the bowels free. He has had small doses of calomel several times a day, and attempts have been made at improving the general condition, as the fatty degeneration of the liver was attributed to general ill-nutrition. We shall continue feeding him as well as we can, and stimulate the cutaneous circulation. How shall the latter be done?—"Friction with alcohol." Which is the more important in friction with alcohol, the alcohol or the friction?—"The friction." Friction is the more important. Alcohol is not a very good liquid to rub with alone. Why?—"It evaporates rapidly." That would do no harm; we want it to evaporate rapidly. "It cools the surface." Yes, but we do not object to that as long as the heart acts well, as it would stimulate the circulation. "It dissolves fat." The main thing is that it withdraws the water from the surface; this it is that causes many people to complain bitterly

of the sensation. It dissolves fat, it is true, but it does not withdraw fat from the skin, as it does not go through the epidermis, but it takes all the water from the neighbourhood and causes an unpleasant sensation. So that if alcohol be used, it should be with four or five parts of water. If reaction follows, cold water may be used, and if not, it would be better to use hot water or tepid water, according to the case. Imagine what you are doing when rubbing and bringing on an active circulation in the skin. A child of this age has between five and six square feet of surface; an adult of medium size has fourteen. There is an immense circulation of blood in that extent of skin, and by rubbing the surface you bring on a rapid circulation throughout the body. Therefore, it is so very important to keep the cutaneous circulation in good order.—A. JACOBI, M.D., in *Archives of Pediatrics*.

**Anæsthesia by Cocaine Deprived of its Disadvantages.**—Dr. Gautier (*Wiener med. Presse*, No. 47, 1893) recommends the addition of trinitrine to solutions of cocaine in order to render anæsthesia by this drug innocuous. He employs the following solution :

Cocaine muriate..... gms. 2.  
(grs. iij).  
Alcoholic sol. cocaine, 1 to 100 gttts. x.  
Distilled water..... gms. 10.  
(3ijss).

A hypodermic syringe of this solution contains two centigrammes ( $\frac{1}{2}$  gr.) of cocaine and one drop of the trinitrine solution. He has used this solution for two years without the slightest disadvantage. Thomas, of Marseilles, has employed this same solution in anæsthesia of the fauces and larynx. In three cases where a 10 per cent. solution caused grave symptoms of poisoning, this preparation was used with success. In all cases it was well tolerated. His solution was made according to the following formula :

Muriate of cocaine..... gms. 3.  
(grs. xlv.)  
Alcoholic sol. trinitrine (1 to 100) gttts. xl.  
Distilled water..... gms. 30.  
(3j.)

Local application to the pharyngeal mucous

membrane does not produce the well-known sensation of dryness, which is usually observed with the use of cocaine, but an agreeable feeling. Trinitrine does not appear to reduce the anæsthetic and vaso-constrictive action of cocaine.—*Lancet-Clinic*.

**Indications for Venesection.**—In acute spasmodic seizures, as in spasm of croup, in colic and in angina, with symptoms of oppression from distension of the right side of the heart with blood.

In acute pain, membranous or spasmodic, as in sudden pleuritic or peritoneal pain, or in pain from passage of a calculus, hypatic or renal.

In acute congestions of vascular organs, as of the lungs or brain, apoplexies.

In cases of sudden shock or strain, as after a fall or a blow, sunstroke or lightning shock.

In some exceptional cases of hæmorrhage of an acute kind, unattended by pyrexia.

I have been occasionally asked under what exact condition of a patient may blood be drawn without hesitation, or fear of direct danger, from the practice? To this question I answer : "When the veins are full and the pulse is firm, regular, full, tense; the pupil natural or contracted; the body at normal heat, or with brain symptoms, raised in temperature; the bronchi free of fluid, and the sounds of the heart well pronounced."—*Times and Register*.

**Victims to Duty.**—The *Lancet* says : "One more name has to be added to the roll of those young members of our profession who have perished on the threshold of a promising career, while actually engaged in the attempt to save the lives of others. We regret to learn that Mr. W. F. Lucas, casualty medical officer to the Middlesex Hospital, died in that institution on Monday last from diphtheria contracted in the discharge of his duties." The *Boston Medical and Surgical Journal* adds this : "Every physician knows many instances where his professional comrades have fallen by his side, struck down by infectious fevers or septic absorption, received at the bedside of a patient. Notable instances have recently brought this peril afresh to our minds. A contemporary journal, in the last issue, records the death of a practising physician, who caught the infection of yellow fever from a patient whom he was attending, and also

the death of a promising young doctor to whom the infection of typhoid fever was communicated from a child patient at New York Hospital. Last week it was our melancholy duty to report the death of a brilliant young physician of unusual qualities of mind and heart, who caught diphtheria from a patient at the Boston City Hospital."—*Sanitarian*.

**Treatment of Chronic Heart Valve Disease.**—Dr. James Tyson (*Amer. Jour. Med. Sciences*) points that relief is often obtained from the occasional use of purgatives—five to ten grains of blue mass, followed by a saline, or the continuous use of small doses—one-half to one grain thrice daily. The greater apparent effect of the infusion of digitalis is due to its use in larger dose, although it is likely to be better borne by the stomach. Strophanthus, better borne by the stomach, has been used in doses of ten minims every two hours for forty-eight hours without interruption. Caffein in three-grain doses every three hours, in mitral regurgitation, is admirable, but is likely to produce insomnia. Sparteine in one-quarter, increased to one-half grain dose, three to five times daily, is of value if a diuretic be desired. For irregularity of heart action and palpitation, more common in mitral disease, belladonna is very useful. A belladonna plaster placed over a palpitating heart is a most efficient agent. Nitroglycerin, one-hundredth of a grain, increased to double the quantity, three times daily, often serves to the same end.—*Med. Standard*.

**Physiological Action of Atropine.**—Dr. H. C. Wood summarizes the action of this drug as :

1. A peculiar stimulant of the intellectual cortex, continually paralyzing the same :
2. A respiratory stimulant :
3. A paralyzer of inhibition in the spinal cord and inhibition of the heart and intestines :
4. A powerful vaso-motor stimulant :
5. An elevator of the bodily temperature :
6. A cause of efflorescence upon the skin.

Speaking of it as a prophylactic of scarlet fever, he remarks that some years since a professor of theory and practice in one Philadelphia college taught belladonna and atropine were powerful prophylactics of scarlatina ; another professor in another college in the same city taught the precise

opposite. In a certain boarding-house a number of students were harboured ; scarlatina broke out, and every student of the first-named professor took belladonna, while those of the latter left it severely alone ; and many of the first lot took scarlet fever, while none of the latter were infected.

Professor Wood says, further, he is convinced of the value of belladonna in sore throats, when given in doses of five or ten drops of the tincture every two, three, or four hours, according to the susceptibility of the case. But its greatest use is in shock, and here its action is that of a vaso-motor stimulant. In shock, alcohol is of little value, since, while stimulating the heart, it paralyzes the other blood-vessels. Strychnine and digitalis may help under such circumstances, but the one drug which will summon whatever there is in the vaso-motor resources is atropine. Dr. Wood also believes in every case where loss of nerve power is the central condition, belladonna is the remedy.—*Medical Age*.

## SURGERY.

**Periostitis of the Jaw.**—You observe in this girl, aged ten years, a swelling over the inferior maxilla of one side. She says it has been present two months, and is painful. It appears to be attached to the alveolar processes, is hard to the touch like, as you say, an exostosis. What else might it be? "It might be a periostitis." Could that be so hard? "Possibly." Yes, it might be. Last week there was a child here with a hard tumour on the head resulting from a hæmatoma. The periosteum had been lifted up by extravasated blood after a blow. A periostitis resulted, new bone was deposited and formed a hard tumour. There is another reason why I should think this is a case of periostitis and not one of exostosis. The latter would not be painful, while periostitis, when still active, is always more or less painful. Again, she has bad teeth, and we know that periostitis in the neighbourhood of bad teeth, is not uncommon. The tooth is tampered with, constant irritation is kept up, perhaps a portion of periosteum is torn loose and new bone is slowly deposited for a long time. But while that may be the explanation of the present case, it is also possible something else may be present in the interior of the tumour. "Sarcoma?" No. "Pus."



Certainly; it is very probable that pus would form in connection with a decayed tooth and dead bone. It is possible, however, that you have to deal with periostitis only.

What treatment would you recommend? "Take out the tooth, and apply some counter irritant." For instance, tincture of iodine? "I do not think that is nice on the face." There being periostitis, iodide of potassium would be appropriate, and will be prescribed, for if she got nothing she would not return again for such treatment as might be called for at any time.

The decayed tooth at the site of the tumour must also come out. "Would there be bone formation there in two months?" Oh, yes. We saw such a case last winter. Bony deposit may take place and be very large in a few weeks. We see that in cephalo-hæmatoma and in fractures. The disappearance of the tumour may be almost as rapid as its formation.—A. JACOB, M.D., in *Archives of Pediatrics*.

### The Present Status of Thoracic Surgery.

—Gaston (*Jour. of the Amer. Med. Assn.*, Vol. XXI., No. 9), after discussing the various methods proposed, draws the following inferences:

1. All penetrating wounds of the thorax may be closed hermetically by suture or otherwise, after allowing the discharges of fluid blood from the opening.

2. Foreign bodies lodged in the bronchi may be removed by incision of the trachea at the lowest available point.

3. Experiments on reaching the bronchi through the chest wall afford little encouragement in undertaking operations upon the human subject.

4. Medication as a preventative and a curative agency in pleuritic effusion is worthy of trial before having recourse to aspiration.

5. Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumo-thorax, but cannot be relied upon for the relief of purulent collections.

6. Partial resections of ribs are attended with better results in some cases of empyema than the complete removal of the segments of several ribs.

7. The excision of a small portion of one rib with the introduction of drainage tube has been generally attended with good results.

8. Washing out the cavity of the chest is not requisite, except in contamination and decomposition of the contents.

9. The operation of thoracotomy for abscess and gangrene of the lung should be accompanied with antiseptic applications and with tamponage of gauze.

10. Tumours of the mediastinum may admit of interference, but further developments of technique are necessary before the method can be generally advised.—*Therapeutic Gazette*.

**Erythema.**—The second case was one of multiform erythema, of variety erythema annular, in a boy of nine and one-half years of age. The eruption began suddenly, the boy first noticing an itching of the scrotum while at the tea table, and when he was undressed for bed the scrotum was found to be red and irritable; in the morning the eruption spread very rapidly, covering the scrotum, penis and left groin over an area of four or five square inches. The disease consisted of erythematous patches, irregularly raised and fairly sharply defined; the patches varied much in size and shape; on the dorsum of the penis there was a distinct ring, one inch in diameter, with clear centre and raised border about one-sixteenth of an inch broad. The erythematous scrotum was thickened and red, and there were elevated patches of erythema on the upper thigh and left groin. The whole subsided very readily under a lotion of calamine and zinc, together with a rhubarb and soda mixture internally.—DR. L. DUNCAN BULKLEY, A.M., M.D., in *Archives of Pediatrics*.

**Treatment of Gonorrhœal Ophthalmia.**—Burchardt (*Centralbl. f. prakt. Augenheik.*, November, 1893) describes the treatment he has found most successful in acute purulent ophthalmia of gonorrhœal origin in children and adults. He formerly carried out the classical treatment of leeching, scarification of the conjunctiva, cauterization with nitrate of silver, and ice compresses. He has gradually omitted all these methods in consequence of some ill effect they had or because they appeared to him irrational, and he now confines himself to a very free irrigation of the conjunctival sac with a 5 per cent. solution of chlorine water, followed by a  $\frac{1}{10}$  per cent. solution of nitrate

of silver. The head of the patient is thrown back so that he looks directly upwards; an assistant then allows the solutions to fall upon the inner canthus drop by drop, while the surgeon moves the lower lid up and down very freely with the thumbs, and the upper lid more slowly with one of the fingers. By this means he is able to clear out the conjunctival sac very completely. The success of the treatment appears to lie in the very free movement imparted to the lids, whereby the fluids gain access to all the folds of the conjunctiva. Shreds or membranes are removed from the conjunctiva after everting the lids.—*British Medical Journal*.

**Eczema Rubrum.**—Bessie P., æt. 3, has had an eruption, more or less general in its distribution, since she was six months old. The disease was most marked upon the face which was bright red, in places exuding a yellowish, transparent, sticky fluid which dried into thick yellow crusts. Upon the trunk and extremities the eruption was less uniform, occurring in variously sized patches covered with scales or crusts. Upon the arms and legs there was decided thickening of the skin. There was marked pruritus, which led to scratching, the face being excoriated by the patient's nails. The disease had been more or less neglected in its early stages owing to the fact that it was regarded as "tooth-rash" which would disappear spontaneously when the period of dentition was over, and not before.

The following lotion,

R Liquor Carbonis Detergent . . . . . ℥ ii.

Aq. . . . . ℥i.

M

was directed to be lightly dabbed on the trunk and extremities two or three times a day. For the face, which was much more acutely inflamed, the following was prescribed:

R Emplast. Plumbi; Petrolat. . . . aa ʒ ss.

M Sig. Apply twice daily.

After a few weeks, when the inflammation had greatly moderated, an ointment containing one dram of oil of cade to the ounce was employed with excellent effect. At the end of three months the trunk was free from diseases, and only a few dry squamous patches existed upon the face,

which gradually disappeared under the continued application of the oil of cade ointment.

Although tar answered admirably in this case, it is a remedy which must be used cautiously, since it is often found too stimulating.

The internal treatment consisted in the administration of half-dram doses of cod liver oil.—M. S. HARTZELL, M.D., in *Archives of Pediatrics*.

**Four Cases of Cerebral Tumour.**—Keen (*Amer. Jour. Med. Sci.*, January, 1894) reports four cases of tumour of the brain, three of which were treated by operation. Relief was given in two cases, but death occurred after a time in all. The first case was one of intra-cranial tumour, probably of the occipital lobe, in a man aged 31. The skull was trephined over the left occipital lobe. No tumour was exposed to view, but, after careful exploration with a grooved director, the author came to the conclusion that there was one lying an inch and a half below the cortex, but that it was too large to be removed. The operation afforded much relief to distressing headache and to mental hallucinations. The patient died after four months and a half. In the second case, which was one of gliosarcoma of the upper part of the motor area, the tumour could be almost precisely localized, but on account of its probable size and position, and of the condition of the patient, it was decided not to operate. In the third the tumour was erroneously diagnosed, and the operation for its removal proved fatal. In the last case the tumour could not be recognized at the operation, though it was found at the suspected site at the necropsy. The operation, it is stated, while it could not have afforded relief, did no harm.

**A very unusual Foreign Body in the Larynx.**—On December 23rd, I.E., an infant ten months old, was presented at the office with the information that at noon of the 19th, she had swallowed something which "stuck in her throat."

The father was under the impression that the offending body was a part of a hickory nut. The child had no symptoms except a slight difficulty in deglutition—could nurse easily, and was as full of life and playfulness as ever.

Another physician, consulted the day previous,

said that he could detect the nut, but could not extract it.

When the child ceased crying, Dr. Clark auscultated the thorax, and detected an abnormal whistling sound in the larynx, which was so unusual as to favour nothing but a foreign body. Introducing the finger into the oro-pharynx, and raising the epiglottis, an abnormality was at once felt. After several attempts to loosen the body with the finger, a pair of small dressing forceps were inserted and the body extracted. This was nothing less than an open safety pin. It was evidently astride the rim of the glottis, the pin part projecting into the œsophagus, and the fastener in the larynx. This accounts for the fact that it passed neither into the trachea nor the stomach, and that it was not coughed up, the arm of the fastener preventing.

The points of interest in the case are :

- 1st. The rarity of the accident.
- 2nd. The paucity of subjective symptoms.
- 3rd. The difficulty of diagnosis and treatment in a struggling infant.
- 4th. The value of perseverance in such cases.—W. H. NEWMAN, M.D., in *Med. and Surg. Reporter*.

#### MIDWIFERY.

**A New Indication for Supravaginal Hysterectomy.**—Under this title, Lauro (*Rif. Med.*, October 23rd, 24th, 1893) describes a case occurring in his own practice, and takes the opportunity of reviewing the indications for operative interference in displacements of the uterus. His conclusions are as follows: (1) In sexually active women, affected with retrodeviation of the uterus without any adhesions to the walls of the pelvis posteriorly, the intense suffering in such cases can often be relieved by Alexander's operation, the severer operation of hysterectomy being thus unnecessary. (2) During reproductive life, in a woman afflicted with retroflexion or retroversion complicated by adhesions, the organ should be freed from its adhesions, and the round ligaments shortened intraperitoneally. This gives better results than ventrofixation of the organ. (3) In case of failure of these measures, recourse should be had to hysteropexy, by which means the organ can be more solidly fixed, without in general interfering

with normal involution in future gestations. (4) Supposing laparotomy to have failed to prevent the return of the retrodeviation, and life to be in consequence a burden to the patient, one is then justified in suggesting extirpation of the reproductive organs. But this should never be done without a previous consultation. (5) In such cases the operation to be preferred is an abdominal hysterectomy so that adhesions contracted, as a result, perhaps, of former operations, with the abdominal organs may be better dealt with. Such adhesions are often missed even by the most careful examiner before the operation. (6) If the menopause is past, there need be less hesitation in proceeding to hysterectomy. (7) The two operations, abdominal and vaginal hysterectomy, seem to differ but little on the score of danger to the patient, as in both cases the peritoneal sac has to be opened.

#### Marriage, Dysmenorrhœa, and Hysteria.

—Wythe Cook (*Amer. Jour. of Obstet.*, December, 1893) finds from experience that in most cases of dysmenorrhœa and hysteria amongst single women marriage aggravates the disease. Hysteria is by no means cured by marriage, dysmenorrhœa often returns after pregnancy. One patient suffered from very severe dysmenorrhœa. She married, on advice, but the disease was aggravated by coitus. Conception occurred, and she fully believed that pregnancy would cure her, but the menstrual pain returned immediately after weaning. Another patient, subject to dysmenorrhœa, married when 20, and became pregnant when over 23. She bore a healthy child, and then took to the morphine habit. Her husband died a few months after her confinement. The period was suppressed for five years. After she ceased to take morphine it reappeared, at first irregularly, and at length in due season, but in both cases there was severe pain. She married again, and has remained eighteen months sterile; the dysmenorrhœa continues. A young woman subject to headaches and hysterical manifestations attended with hallucinations and depression, got married. The neuroses were not improved by marriage. A robust young lady, free from hysteria, married and bore two children within twenty-one months after marriage. Hysterical swoonings occurred during the pregnancies



A patient subject to dysmenorrhœa and hysterical fits married and bore five children. The menstrual pain never reappeared after the first pregnancy, but the fits still occur.

**Lewers. "A Case of Symphysiotomy."** (*Lancet*, August 5th, 1893.)—The patient, aged 20, secundipara, was admitted into the London Hospital. External conjugate measured six inches. Presentation occipito-posterior. Forceps were tried, ineffectually, so the author decided to perform symphysiotomy. Considerable difficulty was experienced in the division of the symphysis, owing partly to the fact that the head was so firmly engaged that there was little room for the guiding finger, and partly to the actual section, in which the bistoury failed, and an Adam's saw had to be used. A large sound was held in the urethra the while. After separation extraction was easily made with the forceps. Convalescence was prolonged, as besides suppuration in the wound followed by necrosis, there was for some time incontinence of urine, which resulted in a bed sore. Eventually patient made a good recovery. The child was also well.

The case illustrates the value of symphysiotomy in increasing the available space for the head: the suitable cases for the operation are the rather common ones of slight contraction. From subsequent experience in the *post mortem* room, the author concludes that as a rule a probe-pointed bistoury should be quite sufficient for the division. He also points out that observations of the dead bodies of women who have died, apart from pregnancy or childbirth, support the proposition that the available space is not usefully increased by dividing the symphysis; but that observations on the bodies of those who have died in childbirth show that the space is usefully increased. The only previous symphysiotomy in England was performed at Kingston in 1782, for osteomalacia: the fetus was putrid, and the woman died.—ARTHUR E. GILES, in *Manch. Med. Chronicle*.

#### BURNS:

R Anhydrous lanoline . . . . . 10 parts.  
Benzoated lard . . . . . 20 "  
Lime water . . . . . 30 "

—*Unna*.

### Personals.

Dr. A. Montgomery, Trinity '92, is in Berlin.

Dr. D. McAlpine, Toronto '93, is in Edinburgh.

Drs. Cleghorn and Quay, Trinity '91, have passed the Edinburgh triple.

Dr. J. H. Austen, Toronto '93, has passed the double examination in London.

Dr. Richardson, Trinity '91, has passed the triple examination at Edinburgh.

Drs. Minnes, Sullivan and McLellan, of Kingston, are attending the hospitals in London.

Dr. J. O. Orr, is working in the Bacteriological laboratory of King's College, under Professor Crookshank.

Dr. Arthur, of Toronto '91, has passed the triple Edinburgh, and has gone for a trip as Ship-surgeon to Japan.

Dr. H. Hamilton, late of Woodhill, is studying pathology under Drs. Horsley and Boyce, at University College.

Dr. E. P. Gordon, late of the C.P.R. Pacific Steamship Service, has taken up practice on Bathurst Street, Toronto.

A. F. Rykert, M.D., Toronto '93 (son of C. Rykert, Esq., Q.C., St. Catharines), is in London, doing general work in the hospitals.

J. A. C. Grant, M.D., Toronto '92, and Dr. H. C. Elliott, Trinity '92, have passed the Edinburgh triple qualification, and are now attending the Rotunda Hospital in Dublin.

Dr. Hutt, Toronto '91, has gone to Berlin; so also has A. H. Nichol, Toronto '93, after passing the Edinburgh triple qualification, where he is now studying diseases of women under Dr. Martin.

Dr. Davidson, of Cainsville, while driving into Brantford recently, met with a serious injury. His team was struck by a train and one of the horses killed, while the doctor had an arm broken and was badly bruised.

Dr. Westbrook, of Winnipeg, has succeeded in capturing the Research Scholarship in Bacteriology, and is now working in the Research laboratory of Cambridge University under John Lucas Walker. The scholarship consists of two years' tuition in the laboratory and £300 per annum. Dr. Westbrook is one of the most promising bacteriologists in England, and is the author of some very important contributions on the subject. He is another example of the pluck and ability of the sturdy Canadian race.

## Miscellaneous.

### A POWDER FOR HYPERIDROSIS :

- R Washed sulphur..... gr. xxx.  
 Powdered arrowroot..... ʒiv.  
 Salicylic acid..... gr. vii.

Sig. To be dusted over the feet and between the toes.—*Ex.*

ONCE a minister was expatiating upon the loss of the soul. Said he, "My brethren, if you lose your horse, you can buy another; if you lose your babe, you can get another; if you lose your wife or husband, you can get another; but if you lose your soul, good-bye, John."—*Ex.*

### PIGMENTATION OF PREGNANCY :

- R Zinc. oxid. pur.....gr. iv.  
 Hydrarg. ox. flav.....gr. xvj.  
 Ol. ricin.  
 Ol. theobrom.....aa ʒ iiiss.  
 Otto rosæ.....gtt. x.

M. Sig.—Use twice daily, and allow some to remain on at night.—*British Journal of Dermatology.*

A LITTLE WHOLESOME ADVICE TO THE LAITY.  
 —1. Leave your bedroom window open at the top, except in damp weather; the night air is purer than that of the day, despite the alarming fairy tales of our grandmothers; but, when you arise in the morning, close the window, and *pull down the blind*, until you are completely dressed.

2. Get your wife to tack a band of flannel, about a foot wide, on the inside of your undershirt, over the region of the kidneys. This will save many a cold, backache, and derangement of important organs. If you haven't a wife, get one.

3. If you *will* drink intoxicating liquors, do so only at the time of eating. This, at least, will mitigate the direct effects of alcohol on the lining of the stomach; for the presence of food causes the gastric fluid to flow, and this protects the delicate membrane. To avoid a bad taste in your mouth in the morning, show your good taste in what you put in it at night. If the bad taste persists, and is not due to indiscreet eating or drinking, have your heart examined.

4. If you *will* smoke, give a better price for your cigars, and reduce the number. And do not

[OVER.]

**FOR INVALIDS.**—Delicious Dishes made in a few minutes at a trifling cost.

## WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

**WYETH'S RENNET** makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. **Price, 25 cents per bottle.**

## FERMENTATIVE DYSPEPSIA.

**WYETH'S COMPRESSED TABLETS.** \* BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. **Price, per bottle of 100, \$1.00.**"

## WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 mins.

## Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no harmful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

## JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - General Agents.

smoke your cigars "to the bitter end," but throw the stumps into the street. The Italian *gamins* will gather them in to sell to the cheap cigarette makers; so you may some day meet your old flame again, under a different guise.

5. In partaking of joints, eat only the flesh and fat, cutting out the veins and other vessels. They are useless to the economy, and only give the stomach work that will not be paid for.

6. When, by friction of the surface of the limbs or body, little rolls of solid are produced, they are the *flotsam* of wrecked tissues, which encumbers the functions of the skin. Get a Turkish bath, and throw off your debris. You will then breathe through your whole body."

—LOUIS LEWIS, M.D., in *Times and Register*.

#### MILD CROUP:

R Extr. yerba santa fl . . . . . ʒiii.  
Morph. sulph . . . . . 1 gr.  
Syr. Ipecac. . . . . ʒi.  
Syr. Tolu. . . . . ad ʒii.

Sig. One drachm when required.

A. LIVIGNY, M.D., in *Medical Summary*.

Dr. Thomas Speers, 183 Queen Street West, wishes to dispose of a full set of obstetrical, surgical and microscopical instruments. These are all in excellent repair, having been kept with the greatest care. Physicians and students requiring any would find it of advantage to themselves to inspect them.

#### A CHALYBEATE LEMONADE:

R Tinci. ferri perchloride . . . . . drams iv.  
Acidi phosphorici diluti . . . . . " iv.  
Tinct. limonis . . . . . " ii.  
Syrupus simplicis . . . . . ad . . . . . iv.

Sig.—Two teaspoonfuls of the syrup in a small tumblerful of water after meals.—*Epitome*.

#### PRURITUS:

R Acetate of lead . . . . . gram 1.  
Dilute hydrocyanic acid " 5.  
Rectified spirits . . . . . " 15.  
Distilled water . . . . . " 250.

Use as lotion.

—*Medical Record*.

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. SCOTT'S EMULSION remains under all conditions *sweet and wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by SCOTT & BOWNE, Chemists,

132 South Fifth Avenue, New York.



HONOUR TO WHOM HONOUR IS DUE.—It was Madame de Staël, and not Ricord, who first said that the condom was “a cuirass against pleasure and a cobweb against danger.”—*Journal de Médecine de Paris*.

THE LETTER OF THE LAW—SEQUEL OF A CELEBRATED CASE.—Rarely is such a measure of interest accorded a legal process by the pharmaceutical and medical world as was aroused some two and a half years ago by the famous Nux Vomica suits in the Atlantic Court of Common Pleas, New Jersey. A brief review of those proceedings and of the curious solution which time has recently effected in the legal complications, will not be devoid of profit.

The plaintiff in both these cases was George W. McGuire, State Dairy Commissioner for New Jersey, and criminal action was brought by him against the two defendants\* on the charge that

\*The defendants were Harry B. Leeds and Albert D. Cuskaden, druggists, and the expenses of the defence were borne by Parke, Davis & Co.

each had sold a quantity of tincture nux vomica which, upon examination was found to contain less than two per cent. of dry extractive. The basis of the prosecution was an existing New Jersey statute, which enacted that any preparation shall be deemed to be adulterated if (when sold under or by a name recognized in the U. S. Pharmacopœia) it “differs from the standard of strength, quality or purity laid down therein.” And two per cent. extractive, as stated, was the standard of the U.S.P. at that time.

The evidence introduced developed the fact that the tincture had been prepared from normal liquid nux vomica, Parke, Davis & Co.; the plaintiff's witness testified that it contained 0.712 per cent. of dry extractive; and upon this the prosecution rested its charge of adulteration within the meaning of the statute, no attempt being made to establish the therapeutic inferiority of the disputed preparation, or any deficiency in the needful content of the all-important alkaloids.

Seldom has such an array of learned talent or such a wealth of distinguished evidence been brought forward in defence of any cause in.

[OVER.]

# ROTHERHAM HOUSE

Dr. Holford  
Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses \* For Terms, or other information desired, address

**DR. HOLFORD WALKER, Isabella St., TORONTO.**

volving a pharmaceutical question, as was now adduced by the respective defendants in sustaining their position. Professors Remington, Hare, Rusby, Ryan, Marshall, Dr. Eccles, and the lamented Professor Bedford, all went upon the stand and declared with one voice that the active constituents of nux vomica are its two alkaloids, strychnine and brucine, alone; that the quantity of dry extractive forms no standard of strength, quality or purity, and may, indeed, be completely inert—without medicinal property or physiological action; that tinctures of nux vomica made, as was the one in question, from the normal liquid, are far more reliable than the tinctures on the market produced in exact accordance with the U. S. P. formula, since the former are of uniform alkaloidal strength, and the latter subject to extreme variations of medicinal potency; that the U. S. P. standard could be easily evaded by the addition of sufficient glucose to and inferior tincture; and finally, that the Pharmacopœia of 1880 really offered no means of determining the “strength, quality or purity” of the tincture to which the same standard could with any propriety be applied, hence was virtually devoid of such standard.

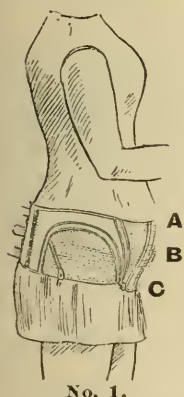
All for naught. Here the gods themselves would have contended in vain. Conceding the entire probity of the defendants, and the full medicinal value of their tinctures prepared from the normal liquid of nux vomica, Judge Reed, nevertheless, decided in the first case that such tinctures were adulterations within the meaning of the New Jersey statute, since the requirement of two per cent. dry extractive was not fulfilled! In the second case, some misgivings must have begun to assail the judicial intellect, since the case still hangs suspended in the limbo of the undecided.

But if the Judge showed an undue tenacity in clinging to an obsolete standard, and a disposition to apply the narrow letter of the law, our Pharmacopœia Commission have taken a very different view of the question. In the revised edition (1890) we are happy to observe a radical change in the requirement made of tincture nux vomica: it is no longer two per cent. of extractive, but rather 0.3 per cent. of total alkaloids—the identical alkaloidal content which the manufacturers of the normal liquid had long adopted as their own standard for the tincture. The new Pharmacopœia became a

[OVER.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

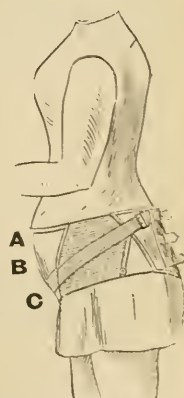


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. **Once used, would not be without it for many times its cost.**

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. L. PICKERING

BOX 149,

BRANTFORD,

ONTARIO.

part of the New Jersey law on January 1st, 1894, thus depriving the cases of all legal basis.

While we may now smile at the emphatic way in which time has rejected the decision of the New Jersey court, it is obvious that its very absurdity from a medical and pharmacal point of view was not without a compensating benefit in promoting the adoption of a rational standard for this and a few other important preparations in the new Pharmacopœia. Inasmuch as five of the witnesses for the defendants were likewise members of the Revision Committee, the agitation imparted to the question of standardization by the nux vomica cases was unquestionably an active agent in the pharmacopœial changes thus far introduced—changes which, it is to be hoped, will be multiplied until every potent official remedy shall be provided with a standard which will guarantee a uniform medicinal action.

The introducers of normal liquids may well feel content with the handsome vindication which their enterprise has received at the hands of the Pharmacopœia Commission, and with the high compliment embodied in the recent adoption of their

well-known standard for the official tincture.—*Reprinted from the Bulletin of Pharmacy, January, 1894.*

FAIRY STORIES.—With Doctor Hammond and the Pasteur Institute of New York, both in the market selling testicle-juice-brain extract, etc., we ought to begin to hear some fairy stories of their wonderful animal extracts.—*Homœopathic Recorder.*

DYSENTERY AND POMEGRANATE ROOT.—Dr. Graeser, corroborating the statements of Dr. Gebke, writes to the *Deutsche Medizinal-Zeitung* that pomegranate root is most active in controlling dysentery. In thirty severe cases, both acute and chronic, he obtained uniformly excellent results by administering a teaspoonful every two hours of a preparation made by macerating 150 to 225 grains of the bark of the root in a bottle of French wine. Meantime attention was paid to the dietary—raw ham, thick soups, eggs and potatoes, and rice with boiled chicken, being allowed; to overcome thirst, ice with or without a little spirits was permitted.

Patients, previously in the most decrepit con-

[OVER.

## MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:

"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS

WRITE OR CALL

VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.



dition, with cold, clammy skin, feeble pulse, pronounced tenesmus, colicky pains, cramps in the calves, and who were sleepless and apathetic, Graeser declares, speedily exhibited striking improvement, and even in so short an interval as four or five days. The tormenting tenesmus and colicky pains were mitigated; the frequently prevailing sphincter-paralysis was overcome, and the evacuations, often as many as sixty per day, passed drop by drop with abundance of bloody mucus, quickly assumed a more solid character.

#### SPRAY IN SIMPLE CHRONIC RHINITIS:

R Sodii boratis ..... gr. xv.  
 Sodii bicarbonatis ..... gr. xv.  
 Ol. eucalypti ..... ℥ i.  
 Ol. gaultheriæ ..... ℥ i.  
 Thymol ..... gr. i.  
 Menthol ..... gr. ½.  
 Glycerinæ ..... f 3ss.  
 Aquæ ..... q. s. .... ad f 3i.

M. et Sig. To be diluted, adding two teaspoonfuls to one ounce of warm water for use as a spray.  
 —CASSELBERRY, W. E., in *four. Am. Med. Assn.*

Vaccination matinees have become quite the fashion in Paris. Persons belonging to fashionable society co-operate in arranging to have a doctor and a cow at an afternoon tea. The company are all vaccinated from the cow. In some of the large houses on the Champs Elysees, the cow is taken up in the elevator, and is temporarily installed in the dining room. The cards issued bear the words, "*On Vaccinera.*"—*Ex.*

THE VALUE OF TUBERCULIN AS A TEST FOR TUBERCULOSIS IN CATTLE.—Probably few physicians are aware of the enormous practical value in the animal industry of tuberculin; that is to say, if the position taken by the New York and other State Boards of Health regarding it is correct. A gentleman who has a valuable herd of thoroughbred cows writes us that twice within the last six months his herd has been examined by competent veterinarians and pronounced healthy. A third examination, however, with the aid of tuberculin, caused a condemnation of over one-half the herd. He adds:

"The New York State Board of Health is killing

# LAKEHURST SANITARIUM

• OAKVILLE, ONT.



FOR THE TREATMENT OF

## INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
 OAKVILLE.

by the hundred animals condemned by diagnosis with tuberculin, and the State is paying full value for them. The veterinarian says that the autopsy shows the diagnosis to be correct in every case. He says also that it is impossible for the best veterinarian to discover tuberculosis by physical examination, except in extreme cases. My herd is apparently in splendid condition. Breeders do not know of its existence in their herds. They let a cow remain in the herd until she is unquestionably tuberculous, and then remove her, but she has then already infected the herd. A temperature of 103° F. condemns the cow. In a herd of Jerseys, at Troy, of eighty head, he has killed thirty-three, and will kill twenty more of them this week. Autopsies are held in the presence of physicians and veterinarians. There have been 15,000 tests with tuberculin in England. New York evidently believes in this kind of diagnosis, and will probably have to pay \$500,000 to eradicate tuberculosis. The veterinarian says the State is full of it in herds both of thoroughbreds and common cows."

We understand from other sources that the State

Board of Health fully believes in the certainty of the tuberculin diagnosis. Through its means it has been discovered that some of the best bred herds, supplying high-priced milk, cream and butter, are infected.—*Medical Record*.

#### TREATMENT OF PLEURISY:

R Guaiacol pure . . . . . 3j.  
Tincture of iodine . . . . . 3vij.

Paint the whole of this liquid each evening on the affected side. The temperature quickly falls, an abundant perspiration takes place, and the effusion soon becomes absorbed.—*Medical Press and Circular*.

#### CHRONIC HEADACHE:

R Arseniate of sodium.  
Sulphate of atropine aa . . . . . gms. iii.  
Extract of Aconite . . . . . gms. xlv.  
Powdered cinnamon q. s . . . . .

Mix, and make into 30 pills. From one to four pills daily.

—DR. ZENTLER, in *La Riforma Medica*.

[OVER.]

## THE ACID CURE.

**H**ITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., we will forward to any qualified practitioner for 35c.

#### TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

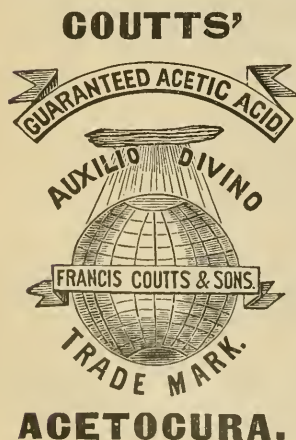
"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." By JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure.—'The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. F. Coutts in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, then to neutralize the poison and overcome the morbid condition; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."



We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

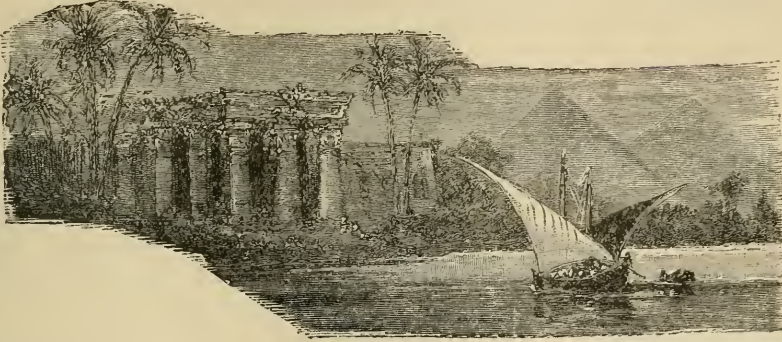
LONDON, GLASGOW and MANCHESTER,

**COUTTS & SONS,**  
72 Victoria St., TORONTO.



# In Convalescence

Doctors frequently tell their patients that a **change of climate** or a **sea voyage** would be the best thing for them. . . . .



Very few people, however, can afford to follow this advice, so it is necessary to suggest a substitute.

THE LEADING PHYSICIANS PARTICULARLY RECOMMEND

## WYETH'S BEEF, IRON AND WINE AS A STRENGTH GIVER.

IT IS A VALUABLE RESTORATIVE FOR CONVALESCENTS.

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

**A**S a nutritive tonic, it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases.

Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill-effects have been experienced from the use of the many imitations claiming to be the same, or as good as Wyeth's. In purchasing or prescribing, please ask for "WYETH'S," and do not be persuaded to take any other.

JOHN WYETH & BRO., DAVIS & LAWRENCE CO. (LTD.) MONTREAL

Manufacturing Chemists, PHILADELPHIA.

General Agents for the Dominion.

P.S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.



The  
College  
of  
Physicians  
and  
Surgeons  
of  
Ontario

## Spring Examinations, 1894

**TO BE HELD IN TORONTO AND KINGSTON**

THE PRIMARY AND FINAL EXAMINATIONS commence on **Tuesday, the 10th of April, 1894**, in Toronto and Kingston, at 9.30 a.m.

By Order,

R. A. PYNE, REGISTRAR,  
TORONTO, ONT.

N.B.—Candidates' application forms may be had on application to the Registrar. The application is to be properly filled out, declaration executed, and delivered into the hands of the Registrar, accompanied by the tickets and certificates and Treasurer's receipts, not later than the **3rd of April, 1894**. All candidates for final examination are required to present their primary tickets and certificates with certificate of registration as a matriculate at the same time.

The Treasurer's address is, DR. W. T. AIKINS, 280 Jarvis Street, Toronto.

## Ontario Medical Journal

Published Every Month.

*The Only Journal Reaching the Entire  
Medical Profession in Canada.*

For Advertising Rates apply to

DR. R. B. ORR,

147 Cowan Avenue, TORONTO.

## ALLAN & CO.

HAVE IN STOCK AND ARE OFFERING THE PHYSICIANS  
AND SURGEONS A COMPLETE LINE OF

Slumber Roils

Atomizers

Silk Stockings

Trusses

Water Bottles

Enemas and Fountain  
Syringes

Clinical Thermometers

Surgeons' Sponges

Caustic Points, etc.

Being agents for the IDEAL RUBBER COMPANY, of Brooklyn, N.Y., we are in a position to quote the very lowest prices on all rubber goods.

**ALLAN & CO.,**

E. B. S. FLUID EXTRACTS.

53 Front Street East.

# LE PAGE'S HYPOPHOSPHITES

## Syr. Comp. Improved.

**ESTABLISHED 1885.**

**T**HIS Syrup contains the Hypophosphites of Iron, Quinine, Strychnia, Manganese, Lime and Potash, combined in an agreeable and palatable syrup, acceptable to the stomach, and comprises all the elements essential to the animal organization known to science. It will be found a very valuable remedy in the treatment of

**Pulmonary Tuberculosis, Bronchial Affections, and all Affections of the Respiratory Organs, also in Debilitating and Nervous Diseases.**

This preparation being prompt in its stimulating action, entering into the circulation, promotes digestion and assimilation and removes depression and melancholy, hence its great value in mental and nervous diseases.

In ordering, **Please Specify Le Page's.** Price: Small size, 50c.; Large Bottles, \$1.00. Also in 80 oz. Winchester for dispensing.

**OFFICE, 18 FRONT ST. WEST, TORONTO.**

## The LYMAN BROS. & CO. (Ltd).

**CHLOROFORM**

PURE. Lyman's S. G. 149.

AND

**ETHER SULPHURIC**

PURE. Lyman's S. G. 725.

**FOR ANÆSTHETICAL PURPOSES.**

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late **Dr. J. H. McCollum** says of our CHLOROFORM, "that during the nearly five years that I held the position of Medical Superintendent of the *Toronto General Hospital*, the Chloroform manufactured by **The LYMAN BROS. & CO., Ltd.**, was administered to about *one thousand* annually, and in no case had we fatality from it. *I have also used it for thirteen years in private practice.*"

**Dr. T. G. Johnston, Sarnia**, says: "For the last six or seven years I have used no other Chloroform than that manufactured by **The LYMAN BROS. & CO., Ltd.**, both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

**WE CLAIM THE FOLLOWING ADVANTAGES**

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

**Dr. C. O'Reilly**, Medical Superintendent of *Toronto General Hospital*, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by **The LYMAN BROS. & CO., Ltd.**, has been extensively used for anæsthetical purposes in *Toronto General Hospital*, and no accident has taken place from its administration."

**Dr. James F. W. Ross** says: "I have overcome my former prejudice against Ether, but **The LYMAN BROS. & CO., Ltd.**, are now supplying an article put up in  $\frac{1}{4}$  and  $\frac{1}{2}$  lb. tin, equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

**WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.**

(When ordering, specify LYMAN BROS.)

**The LYMAN BROS. & CO. (Ltd.) = TORONTO.**

# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year---Sessions of 1893-94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**F. E. FARRELL, SUPERINTENDENT.** **CLARENCE C. RICE, M.D., SECRETARY,**  
226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.



ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

# WM. R. WARNER & CO.'S SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: RELIABILITY,  
SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.

We append an abridged list of selected formulæ, of value to the general practitioner, any of which we will forward by mail on receipt of price.

SOLUBLE COATED PILLS.	BOTTLE		SOLUBLE COATED PILLS.	BOTTLE	
	100	500		100	500
<b>Abernethy's</b> (Aperient) . . . . .	75	3 50	Pulv. Ipecac, 1-10 gr.		
Dose, 1.			Maas Hydrarg., 2 grs.		
Pulv. Aloes Socot., 2 grs.			Ext. Coloc. Co., 2 grs.		
Pulv. Ipecac. 5-6 gr.			<b>Aperient</b> (Dr. Fordyce Barker) . . . . .	1 00	4 75
Pil. Hydrarg., 1 gr.			Med. prop.—Aperient. Dose, 1 to 2.		
Ext. Hyoscyam., 2 grs.			Ext. Coloc. Co., 1 2-3 grs.		
<b>Ague</b> . . . . .	75	3 50	Ext. Nuc. Vom., 1-2 gr.		
Medical properties—Antiperiodic.			Ext. Hyoscyam., 1 1-4 grs.		
Dose, 2 to 4.			Pulv. Ipecac. 1-12 gr.		
Chinoidin. 2 grs.			Pulv. Aloes Soc., 5-12 gr.		
Ext. Coloc. Comp. 1-3 gr.			Res. Podophylli, 1-12 gr.		
Ol. Pip. Nig., 1-6 gr.			<b>Cascara Comp.</b> . . . . .	75	3 50
Ferri Sul., 1-2 gr.			Med. prop.—Laxative Cathartic.		
<b>Anthelmintic</b> . . . . .	1 00	4 75	Dose, 2 to 4.		
Med. properties—Anthelmintic.			Ext. Cascara Sagrad., 3 grs.		
Dose, 1 to 2.			Res. Podophylli. 1-8 gr.		
Santonin, 1 gr.			<b>Chalybeate</b> , 3 grs. . . . .	60	2 75
Calomel, 1 gr.			Med. prop.—Antichlorotic. Dose,		
<b>Anti-Bilious</b> (Vegetable) . . . . .	50	2 25	1 to 5.		
Med. prop.—Cholagogue, Cathartic.			Ferri Sulph., 1 1-2 grs.		
Dose, 2 to 3.			Potassa Carb., 1 1-2 grs.		
Pv. Ext. Col. Co., 2 1-2 grs.			<b>Cathartic Comp. Cholagogue</b> . . . . .	60	2 75
Podophyllin. 1-4 gr.			Med. prop.—Cathartic. Dose, 1		
<b>Anti-Constipation</b> . . . . .	75	3 50	to 2.		
Dose, 1 to 4.			Res. Podophylli. 1-2 gr.		
Podophyllin, 1-10 gr.			Pil. Hydrarg., 1-4 gr.		
Ext. Nuc. Vom., 1-4 gr.			Ext. Hyoscyami, 1-8 gr.		
Pv. Capsici, 1-4 gr.			Ext. Nuc. Vom., 1-16 gr.		
Ext. Belladon., 1-10 gr.			Ol. Res. Capsici, 1-8 gtt.		
Ext. Hyoscyami, 1-4 gr.			<b>Ergotine Comp.</b> (Dr. Reeves) . . . . .	1 75	8 50
<b>Anti-Dyspeptic</b> . . . . .	1 00	4 75	Med. properties—Sedative, Parturi-		
Med. prop.—Applicable where Debi-			ent. Dose, 1.		
lity and Impaired Digestion exist.			Ergotine, 3 grs.		
Dose, 1 to 2.			Ext. Cannab. Ind., 1-4 gr.		
Strychniæ, 1-40 gr.			Ext. Belladon., 1-4 gr.		
Ext. Belladonnæ, 1-10 gr.					

Prepared only by

## WM. R. WARNER & CO.

Originators and Manufacturers  
of Reliable  
Effervescent Preparations.

PHILADELPHIA.

NEW YORK.

LONDON.

*Preparations supplied by all leading druggists.*

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO.  
EVANS, MASON & CO.  
KENNETH CAMPBELL & CO.  
R. J. DEVINS  
J. WINER & CO.

KERRY, WATSON & CO., MONTREAL  
MONTREAL  
LYMAN BROS. & CO.  
ELLIOT & CO.  
LONDON DRUG COMPANY  
R. W. MCCARTHY  
BROWN & WEBB  
HAMILTON

TORONTO  
" "  
LONDON  
ST. JOHN  
HALIFAX

PREPARED BY  
**W. R. WARNER & CO.**

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes.....2 grains. | Pulv. Rose los.....½ grain.  
" Mastic.....½ grain. | M. ft. one pill.

**Lady Webster Dinner Pills.** This is an excellent combination specially designated as Aloes and Mastic, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anemia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

R—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext.....1 gr.  
Assafetida.....2 gr. | Ac. Arsenious.....1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph.  $\text{Fe SO}_4$  } = Ferri Carb.  $\text{Fe CO}_3$   
Potass. Carb.  $\text{K}_2 \text{ CO}_3$  } = Potass. Sulph.  $\text{K}_2 \text{ SO}_4$

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with ½ gr. Ext. Nux Vomica added to each Pill to increase the tonic effect. Dose 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION

R—Pepsin Conc't.....1 gr. | Gingerine.....1-16 gr.  
Pv. Nux. Vom.....½ gr. | Sulphur.....½ gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda.....1 gr.  
Salicylic Acid.....1 gr.  
Ext. Nux Vomica.....½ gr.  
Powd. Capsicum.....1-10 gr.  
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

R—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna, ½ gr.

**Medical Properties**—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents'

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

**Formula.**—Acidum Salicylicum; Resina Podophyllum; Quinine; Ext. Colehicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.

# SHORTHAND

---

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

**Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

---

**BUSINESS**



## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## CHEMICAL LABORATORY.

### Dr. A. R. Pyne,

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.

Milk, quantitatively - - - - 2.00.

Water and Urine, quantitatively, each - 5.00.

SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

### A. R. PYNE, M.B.

University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).

## Chicago Polyclinic and Hospital

A CLINIC SCHOOL FOR . . . . .

. . . PRACTITIONERS OF MEDICINE

THE Institution is thoroughly equipped for post-graduate instruction in all branches of Medicine and Surgery. The upper floors of the large building are fitted up and used for hospital purposes, accommodating 100 beds. The lower floors are divided into clinical rooms, and are provided with every practical and scientific device for examination and treatment of the sick. The new Pathological Laboratory has been recently furnished. Practical Anatomy and Operative Surgery are also taught.

For information, or the Announcement, apply to the Corresponding Secretary,

MOREAU R. BROWN, M.D.,

174-176 CHICAGO AVENUE,

CHICAGO, ILL.

## NOTICE TO THE MEDICAL PROFESSION

OF MANITOBA AND BRITISH COLUMBIA.



Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring Trusses or Surgical Appliances for diseases of the Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc., or an Artificial Limb for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

### AUTHORS & COX,

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses and Surgical Appliances.

# GRACE HOSPITAL

(Homœopathic)

College and Huron Sts., Toronto.



This Hospital, the only Homœopathic Institution in Canada, is situated in the most desirable portion of the city, accessible by street cars from every quarter, and capable of accommodating upwards of 100 patients. The building is extremely bright and cheerful, steam-heated throughout, and fitted with every modern convenience. To the west of the main building, and connected therewith, is a large residence which is used as a maternity ward.

All cases suitable for hospital treatment, both medical and surgical, are received, and private patients are permitted the attendance of any qualified practitioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homœopathic treatment.

**BOARD OF TRUSTEES:**—HIS HONOUR JOSEPH E. MACDOUGALL, *Chairman*; EDWARD GURNEY, ESQ.; W. B. McMURRICH, ESQ.; J. D. NASMITH, ESQ.; FRED. ROPER, *Sec'y-Treas.*, No. 2 Toronto St., Toronto; MISS LOUISE BRENT, *Superintendent*; MISS F. E. SHANLY, *Secretary, Grace Hospital*.

## Kenny's Celebrated Hair Restorer.

A VALUABLE East Indian remedy. It restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. **50c. and \$1 a bottle.** Manufactured only by

SERGT.-MAJOR JAMES KENNY,

BRUNSWICK BLOCK,

370½ College Street, TORONTO.

For Sale by Druggists and Manufacturer.

Orders by Mail promptly attended to.

Arbitrations, Etc., Reported . . . .

. . . . Examinations taken outside of Toronto

ALEX. DOWNEY

CHARTERED STENOGRAPHIC REPORTER

*Official Reporter Admiralty Court  
Official Reporter Col. Ph. and Sur., Ont.  
Commissioner for Quebec*

TELEPHONE 421

79 Adelaide St. E., Cor. Church St.  
(1ST FLOOR)

= Toronto

Medical Practice . . . .

AND

. . . Property for Sale

In Western Ontario; fine roads; good country and village practice; farmers wealthy; practice last year was nearly \$4,000. All communications to be addressed to

J. E. B., 147 COWAN AVE., TORONTO.



**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

60 COLLEGE STREET,

TORONTO.

**DR. TEMPLE'S****PRIVATE HOSPITAL,**

BELLEVUE HOUSE,

87 BELLEVUE

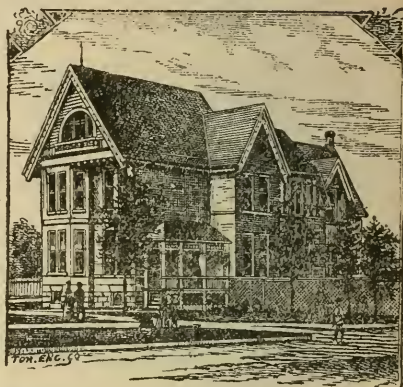
AVENUE

TORONTO.

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new

PRIVATE  
HOSPITAL

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

203 Simcoe Street, - - Toronto.

**Orthopædic Surgeon****DR. BREMNER**

M.D., Toronto University.

L.R.C.P. Edinburgh (79).

Late Asst. Surg. N.Y. Hospital for Ruptured and Crippled.

Asst. Surg. Polyclinic, N.Y.



39 Bloor St. East

(SOUTH SIDE)

DR. BREMNER, having spent several years in Great Britain, and as Assistant Surgeon to the N.Y. Hospital for Ruptured and Crippled, announces that he has opened an office as an **ORTHOPÆDIC SPECIALIST** at the above address.

All suitable accommodation for patients from a distance secured. Orthopædic instruments and appliances of the most modern type may be procured direct on application by practitioners.

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2\text{PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychniæ, half fluid drachm.

M. in Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

**DOSE.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Drug. Ists at One Dollar.



# NEW YORK POLYCLINIC AND HOSPITAL.

Session 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

- SURGERY**—  
John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.
- MEDICINE**—  
R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine-  
man, M.D.; J. Adler, M.D.
- GYNÆCOLOGY**—  
W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.;  
H. Marion Sims, M.D.; Florian Krug, M.D.
- EYE**—  
David Webster, M.D.; Emil Gruening, M.D.; Thomas R.  
Pooley, M.D.
- EAR**—  
Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.
- THROAT AND NOSE**—  
D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris  
J. Asch, M.D.
- DISEASES OF CHILDREN**—  
L. Emmett Holt, M.D.; August Seibert, M.
- DISEASES OF THE SKIN**—  
A. R. Robinson, M.D.; Edward B. Bronson, M.D.
- NERVOUS DISEASES**—  
Landon Carter Gray, M.D.; B. Sachs, M.D.
- OBSTETRICS**—  
Edward A. Ayers, M.D.

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., Asst. Sec.,**

**L. EMMETT HOLT, M.D., Sec.,**

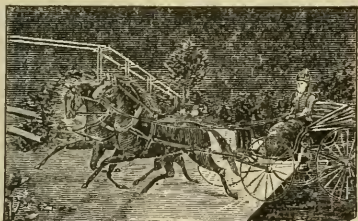
214-218 East 34th Street, New York.

## Doctor

IF YOU WILL  
... INVEST

**\$10**

In TWO AUTOMATIC  
DRIVING LAMPS



They will make your night work a source of pleasure.  
Illustrated Circular on application.

**S. L. REEFY, M.D.,**

EDINBURG, ILL., U.S.A.

## R. M. MELVILLE

General Steamship and Railway Agent,

NEXT GENERAL POST OFFICE, TORONTO.

TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.

TELEPHONE 2010.

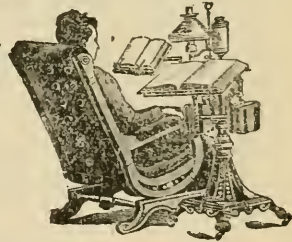
## HOW TO READ

With Comfort  
and Profit

HOLLOWAY'S

READING STAND and  
DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the Century Dictionary. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



ILLUSTRATED CATALOGUE FREE.

THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.

## BATES & DODDS,

= Embalmers =

931 QUEEN STREET WEST,

CORNER STRACHAN AVENUE,

TORONTO.

TELEPHONE No. 513.

ESTABLISHED 1850.

INCORPORATED BY ACT OF PARLIAMENT.

# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

- WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.  
Professor of Principles and Practice of Medicine.
- J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.  
Professor of Obstetrics and Gynaecology.
- THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.  
Professor of General Chemistry and Botany.
- C. W. COVERTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.  
Emeritus Professor of Medical Jurisprudence and Toxicology.
- FRED. LEM. GRASETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.  
Professor of Principles and Practice of Surgery, and of Clinical Surgery.
- W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto;** Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.  
Professor of Practical and Analytical Chemistry.

- CHARLES SHEARD, M.D., C.M.,** Fell. Trin. Med. Coll., M.R.C.S., Eng.; Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.  
Professor of Physiology and Histology.
- G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S., Edin.;** Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.  
Professor of Ophthalmology and Otolaryngology.
- LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.  
Professor of Anatomy and Pathology.
- JOHN L. DAVISON, B.A., Univ. Tor., M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.  
Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.
- G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.  
Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### LECTURERS, DEMONSTRATORS,

- NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.  
Lecturer on Medical Jurisprudence and Surgical Appliances.
- E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.  
Lecturer on Laryngology and Rhinology.
- ALLAN BAINES, M.D., C.M.,** Fell. Trin. Med. Coll.; L.R.C.P., Lond.; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.  
Diseases of Children.

- W. T. STUART, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Staff Toronto General Hospital.—18 Bloor Street.  
Lecturer on Sanitary Science.
- E. B. SHUTTLEWORTH, Late Principal and Professor of Chemistry and Pharmacy, Ontario College of Pharmacy.;**—220 Sherbourne Street.  
Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. *Day* Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the *Hospital*, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

### INSTRUCTORS AND ASSISTANTS.

- A. Y. SCOTT, B.A., Tor. Univ.;** M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.  
Zoology, etc.
- D. J. GIBB WISHART, B.A., Tor. Univ.;** M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.  
Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.
- G. GORDON, B.A., Tor. Univ.;** M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.  
Assistant Demonstrator of Anatomy.
- F. C. COWAN, M.D., C.M.,**—176 John Street.
- D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.;** L.R.C.P., Lond.
- P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng.  
Assistants in Practical Anatomy.
- C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.  
Clinical Lecturer on Diseases of the Eye and Ear.



# "H. V. C."

Hayden's Viburnum Compound.

Specially Recommended in the . . . .

## AILMENTS OF WOMEN

AND IN

## OBSTETRICAL PRACTICE

A Powerful ANTISPASMODIC, ANODYNE, NERVINE and UTERINE TONIC.

*Perfectly SAFE, PROMPT and RELIABLE, without Narcotics, Coal Tar Products, Depressants or other poisons, and may be given to a child without special caution. Superior to Ergot in all cases where indicated.*

"H. V. C." has now been in the hands of the Medical Profession **Twenty-s'x Years**, with the most decided success. It is prescribed and recommended by the majority of the most eminent physicians in the United States, and employed in the principal hospitals throughout the Union with satisfaction.

"H. V. C." excels in DYSMENORRHEA, MENORRHAGIA, THREATENED ABORTION, DANGEROUS FLOODING, PUERPERAL CONVULSIONS, SPASMS, TEDIOUS LABOR, INERTIA with a tendency to COLLAPSE, AFTER PAINS, and in cases of GREAT EMERGENCY. A remedy that may be employed HEROICALLY where indicated.

**REFERENCE.**—The great body of the medical profession.

For special directions, formulæ, reports of cases, and the endorsement of *five thousand physicians*, send us your address for our large hand-book—THEORY, PRACTICE and DEMONSTRATION—**FREE**.

Put up in 4 oz., 10 oz., and 16 oz. bottles, and dispensed by all reliable druggists. Write only for "H. V. C.," and accept no other.


## THE NEW YORK PHARMACEUTICAL CO., BEDFORD SPRINGS, MASS.

A Vitalizing Tonic to the Reproductive System.

# SANMETTO

FOR

## GENITO-URINARY DISEASES.

 A Scientific Blending of True Santal and Saw Palmetto in a  
Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.

## POSITIVE MERIT AS A REBUILDER.

Dose:—One teaspoonful four times a day.

## OD. CHEM. CO., NEW YORK.



# PANOPEPTON

## BREAD AND BEEF PEPTONE.

IN PANOPEPTON we present to the profession a new, complete and perfect Peptone, one which we are confident will meet every requirement. PANOPEPTON is the entire edible substance of prime, lean beef and best wheat flour, thoroughly cooked, properly digested, sterilised and concentrated in vacuo.

PANOPEPTON is, therefore, the quintessence of Peptones, containing all the nutrients of these two great types of food—beef and bread—fused into a delicious restorative.

PANOPEPTON is the food par excellence in all conditions where a fluid, quickly assimilable, agreeable and comprehensive nutriment is required.

Originated and manufactured by

FAIRCHILD BROS. & FOSTER,

NEW YORK.

For Table of Contents see Page 3.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, MARCH, 1894.

[No. 8.

## The Attention of Physicians

Is respectfully called to our preparation of

. . . **MALTINE WITH COCA WINE**

Combining the nutrient and digestive properties of Maltine with the powerful tonic and stimulant action of COCA ERYTHROXYLON. Largely and successfully used for relief of morbid conditions due to nervous exhaustion, and depression of spirits resulting from undue strain upon the mental or physical energies.

*Sample sent physicians on application.*

**MALTINE MANUFACTURING COMPANY**  
TORONTO.



## Why Maltine with Cod Liver Oil Is so Largely Prescribed.

"If we can manage to enable a patient with Pulmonary Phthisis to assimilate Cod Liver Oil, tissue nutrition becomes so altered that development of tubercle is usually arrested."—DR. MILNER FOTHERGILL.

COD LIVER OIL is difficult of digestion, and the ordinary "Emulsions," instead of modifying, aggravate this trouble. Moreover, such Emulsions quickly decompose, and, administered in this condition, cause such disturbance of the digestive function as to prove a positive injury, rather than benefit, to the patient. Nausea and acid eructations are the consequence, and these are difficulties that beset the physician daily.

In the preparation of MALTINE WITH COD LIVER OIL, not only is the "vehicle" of equal constructive power, but *it promotes the assimilation of the oil itself*. By reason of the special process of blending the oil with the Malt, the oil globules are in a finer state of subdivision than those of the fat of milk, and are so in condition to be at once acted upon by the pancreatic ferments and immediately absorbed.

**Endorsed by the Medical Profession throughout the World.**

# FELLOWS' HYPO=PHOS=PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

## To the Medical Profession of Canada . . . .

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

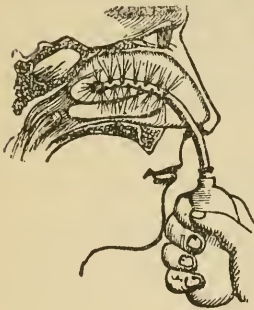
- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.  
 SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.  
 THIRD.—Its agreeable flavour and convenient form as a Syrup.  
 FOURTH.—Its harmlessness under prolonged use.  
 FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.



## T. R. Co.'s CATARRHAL SYRINGE

**SOMETHING PRACTICAL AND INEXPENSIVE**

Splendidly adapted to the treatment of NASAL CATARRH.  
 Manufactured of the finest quality PURE RED RUBBER,  
 smoothly finished.

**SEND US A TRIAL ORDER**

**HAVE YOU SEEN**  
**THE CROWN ATOMIZER, No. 110?**

It is Unequalled in the Market for Price.  
**EVERYONE PERFECT -- QUALITY GUARANTEED**

**THE TORONTO RUBBER CO. LTD.**  
 28 King St. West, TORONTO.





# CONTENTS.

	PAGE		PAGE
EDITORIALS:—		PAMPHLETS RECEIVED..	291
Advantages of Existence of the Council ..	267	AN EPITOME OF CURRENT MEDICAL LITERATURE:—	
Prevention of Disease ..	268	MEDICINE: Pathology of Scarlet Fever—Pneumonia in	
Council Building ..	269	Gout—Chloroform in Sticks—Chlorate of Soda in the	
The Approaching Cholera Conference at Paris ..	269	Treatment of Cancer of the Stomach ..	291
EDITORIAL NOTES ..	270	Nitro-Glycerin for Vomiting—The Localization of Pure	
BRITISH COLUMBIA:—		Word-blindness—A Remarkable Case of Recovery	
Compound Comminuted Fracture of Frontal Bone and		from Poisoning by Opium ..	292
Left Orbital Plate, with Evulsion of Eyeball—Re-		SURGERY: Theory of Mechanism of Cerebral Injury by	
covery ..	271	Contre-Coup ..	293
Dr. Davie's Salary ..	271	Abscess of the Pancreas: Operation—Ichthyol Supposi-	
The Thyroid Gland ..	272	torics in the Treatment of Prostatitis ..	294
PRINCE EDWARD ISLAND:—		PERSONALS ..	294
Changes Required in the Prince Edward Island Medi-		MISCELLANEOUS:—	
cal Act of 1892 ..	273	A Valuable Drug in Treatment of Winter Cough—	
Advertising ..	274	Chronic Headache—Diphtheria ..	295
ORIGINAL COMMUNICATIONS:—		Chronic Diarrhoea—Pruritus—Catarrhal Jaundice—	
Burns and Scalds. By Dr. Robinson ..	275	Chronic Cystitis—Scabies ..	296
Potts' Disease of the Middle Region of the Spine—Its		College Athletics—Oil of Amber in Acne ..	297
Diagnosis and Treatment. By W. W. Bremner, M.D.	276	In Muscular Rheumatism, Rheumatic Arthritis—For	
Eliminative and Antiseptic Treatment of Typhoid		Coryza—Pruritus Hemialis—For Fermentative Dys-	
Fever. By Dr. W. B. Thistle, Toronto ..	279	pepsia—Whooping Cough ..	298
MEETINGS OF MEDICAL SOCIETIES ..	283	For Gastric Ulcer—A Good Cough Syrup—Fruit—Nos-	
Ottawa Clinical Society ..	284	trums: "Chemical Compounds" ..	299
CORRESPONDENCE:—		Orange Blossom—Gonorrhoea: Latter Stages—The Iowa	
Dr. McLaughlin's Reply ..	286	Board of Medical Examiners ..	300
BOOK NOTICES ..	288	Favourite Liquid Cough Mixture—For Tinea Tricophy-	
		tina—Neuralgia from Cold—For Epilepsy ..	301
		Antikamnia—Nervous Dyspepsia—Neurasthenia—	
		Rheumatism, Acute ..	302

✂ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

✂ Subscription \$2 per annum (outside of Ontario and British Columbia).

## "LINTOS"

Prepared by JOHNSON & JOHNSON, New York.

### AN IMPROVED LINT

MORE ABSORBENT

MORE EASILY APPLIED

**Lintos** is a new fabric made of Absorbent Cotton felted in thin Sheets. Every fibre thoroughly cleansed, sterilized and antiseptic. Can be readily formed into Bandages, Pads, Tampons; or any desired form of Dressing. Is a substitute for

**GAUZE**

**NAPKINS**

**COTTON**

**SPONGES**

**BANDAGES**

**TOWELS**

**ETC.,**

**ETC.**

### Advantages Over Lint.

GREATER ABSORBENCY—TEARS READILY—NO LOOSE FIBRES TO STICK TO THE WOUND OR CLOTHING—COVERS 50 PER CENT. MORE SURFACE THAN SAME WEIGHT OF LINT—CHEAP ENOUGH TO USE AS A TOWEL AND THROW AWAY WHEN DONE.

Notwithstanding these advantages Lintos is no higher in price than ordinary Lint.

Sample to any Physician's or Chemist's address on application.

**THOS. LEEMING & CO.**

SOLE AGENTS FOR CANADA

25 ST. PETER STREET, - - - MONTREAL.

# Seeing is Believing

The cured patient is an ocular evidence of her physician's skill. Asparoline Compound will help you, Doctor, to cure Functional Dysmenorrhœa and Leucorrhœa patients. May we send you enough, free, to prove this assertion?

DR. F. C. BRUCE, of Easthampton, Mass., writes us:—

"In a case of Dysmenorrhœa of four years' standing—the worst case I have ever seen—which one grain of Morph. Sulph. would not relieve for more than half an hour, I gave a two-ounce bottle of 'Asparoline,' and it afforded more relief than had ever been experienced from any previous remedy. The second catamenial period following its use was unattended by any pain, and only one teaspoonful was then taken. The patient now describes her periods as painless.

"I have used 'Asparoline' in Post-Partum pains, in Menostasis and in Menorrhagia, and I am convinced that if there is a panacea for uterine and ovarian diseases, 'Asparoline' is that panacea."

## FORMULA.

Parsley seed .....	Grs. 30
Black Haw (bark of the root) .....	" 60
Asparagus seed .....	" 30
Gum Guaiacum .....	" 30
Henbane leaves .....	" 6
Aromatic	

To each fluid ounce.

PREPARED SOLELY BY

**HENRY K. WAMPOLE & CO.**

Pharmaceutical Chemists

PHILADELPHIA, PA.

## "DIETZ" TUBULAR DRIVING LAMP.



IT is the only practicable and perfect Driving Lamp ever made.  
IT will not blow out.  
IT gives a clear white light.  
IT looks like a locomotive head light.  
IT throws all the light straight ahead, from 200 to 300 feet.  
IT burns kerosene.

Send for book.

**R. E. DIETZ CO.,**  
60 Laight Street, N. Y.

## SPECIAL OFFER, NO. 5.



Cut this advertisement out and send it to us and we will send book describing our lamp, and will agree to sell you one single lamp, or a pair, at our wholesale price (very much less than the retail price). This offer will appear once only.

# EXSHAW'S BRANDY.

John Exshaw & Co.'s celebrated Brandy, so well and favourably known in India and Great Britain for the last one hundred years. This Brandy is always pure and the best known for Medicinal Purposes. Highly recommended by the most prominent physicians.

FOR SALE BY

**GEO. W. COOLEY, 567 Yonge St., Toronto,**

Importer. Wholesale and Retail dealer in Wines and Spirits. Old Wines and Whiskies for Invalids a Specialty.

**COUNTRY ORDERS WILL RECEIVE PROMPT ATTENTION.**

# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Furga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the *convolvulus scammonia* of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
 Hyd. Subchlor .....gr. ii.  
 Fiat pulv.  
 Sig. —. H. S. S. —.

## COMPLIMENTARY TESTIMONIAL:

TORONTO, JANUARY, 1894.

MESSRS. J. C. GRAY & Co.,  
*Manufacturing Apothecaries.*

GENTLEMEN,—I have used your **Vermifugin** frequently as an anthelmintic, and find it very convenient and efficacious.

Yours,

J. T. ROBINSON, M.D.,  
*Resident Physician, Hospital for Sick Children.*

# JOHN C. GRAY & Co.,

MANUFACTURING APOTHECARIES,

TORONTO, CANADA.

N.B.—Price to Physicians and Retail Druggists, \$1.00 per ounce bottle.



# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine. —**CHARLES F. HEEBNER, Ph.G., Phm.B.,** *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS and LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

DOSE—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,

BROCKVILLE, Ont.

# The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

The American Antipyretic, Analgesic and Anodyne.

# Antikamnia

— OPPOSED TO PAIN. —

Gives Desired Results in the Crises of Locomotor Ataxia, Neuralgia, Sciatica, Rheumatism, Pneumonia, Menstrual Neuroses, Typhoid and



## In La Grippe

NO DRUG HABIT INDUCED—NO TOXIC EFFECT

SEND TO THE ANTIKAMNIA CHEMICAL COMPANY, ST. LOUIS, MO., FOR SAMPLE MAILED IN "VEST POCKET BOX," FREE. SPECIFY ANTIKAMNIA (GENUINE) ON YOUR PRESCRIPTIONS.

"The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated."—*Courier of Medicine.*

A SUCCEDANEUM FOR MORPHIA.

## ELIXIR ALETRIS CO.—E.B.S.

**STRENGTH.**—Each fluid drachm contains the active constituents of Aletris Farinosa, 10 grains; Viburnum Prunifolium, grains; and Cimicifuga Racemosa, 2½ grains.

THIS combination was designed to meet the requirements of gynæcological practice by supplying a uterine sedative which could be used in place of Potassium Bromide, and which would not be open to the well-known objections that have been urged against this salt. The testimony received since this elixir has been before the profession is sufficient to warrant the assertion that it has fulfilled admirably the required purpose, while a secondary tonic action, due to the Cimicifuga, renders the combination pre-eminently valuable.

Its use is specially indicated in case of a tendency to abortion, and may be continued during the entire period of gestation.

**T. Milburn & Co.,**  
WHOLESALE AGENTS,  
TORONTO.

FOR

## Dysentery and Diarrhœa

### OF CHILDREN

**R** latrol - gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

**Dr. J. H. Sackrider, of East Randolph, N. Y.,** says: "The first case in which I used latrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use latrol in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in *very warm* water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

**CLINTON PHARMACEUTICAL CO.**  
Manufacturing Chemists Syracuse, N. Y.

CANADIAN BRANCH: BELLEVILLE, ONT. :- P. O. BOX 84.

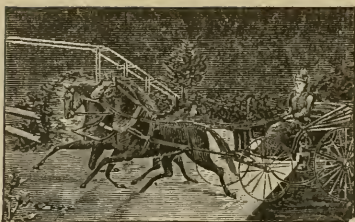


## Doctor

IF YOU WILL  
... INVEST

**\$10**

In **TWO AUTOMATIC  
DRIVING LAMPS**



They will make your night work a source of pleasure.  
Illustrated Circular on application.

**S. L. REEFY, M.D.,**

EDINBURG, ILL., U.S.A.

## R. M. MELVILLE

**General Steamship and Railway Agent,**

NEXT GENERAL POST OFFICE, TORONTO.

TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.

TELEPHONE 2010.

## HOW TO READ With Comfort and Profit HOLLOWAY'S

READING STAND *and*  
DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the Century Dictionary. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



ILLUSTRATED CATALOGUE FREE.

THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.

## BATES & DODDS, = Embalmers =

931 QUEEN STREET WEST,

CORNER STRACHAN AVENUE,

TORONTO.

TELEPHONE No. 513.

## Kenny's Celebrated Hair Restorer.

A VALUABLE East Indian remedy. Restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. **50c. and \$1 a bottle.** Manufactured only by

**SERGT.-MAJOR JAMES KENNY,**

BRUNSWICK BLOCK,

370½ College Street, TORONTO.

For Sale by Druggists and Manufacturer.

Orders by Mail promptly attended to.

Meetings, Etc., Reported . . . . .

. . . . . Examinations taken outside of Toronto

## ALEX. DOWNEY CHARTERED STENOGRAPHIC REPORTER

Official Reporter Admiralty Court  
Official Reporter Col. Ph. and Sur., Ont.  
Commissioner for Quebec  
Commissioner for New York

TELEPHONE 421

79 Adelaide St. E., Cor. Church St.,  
(FIRST FLOOR)

= Toronto

## Medical Practice . . .

AND

## . . . Property for Sale

In Western Ontario; fine roads; good country and village practice; farmers wealthy; practice last year was nearly \$4,000. All communications to be addressed to

J. E. B., 147 COWAN AVE., TORONTO



# THE VALUE OF THE COLUMBIA GUARANTEE



## IS RECOGNIZED BY ALL WHEELMEN

**S**INCE the construction of the first Columbia Bicycle, Columbia dealing has been characterized by exceptional fairness and liberality. No failure on our part to acknowledge a fault has ever been recorded against us. Pioneers in bicycle construction, we have finally passed through and beyond the experimental stage until to-day in offering our splendid line of new wheels, we assert unhesitatingly that they are without flaw or fault that can be prevented by human foresight and scientific skill. From a thorough analyzation of the raw material by an expert metallurgist through a rigid system of testing unsurpassed in effectiveness by any machine works in the world, the Columbia Bicycle leaves the hands of its makers perfect in every fundamental principle.

**POPE MFG. CO.** BOSTON, NEW YORK,  
CHICAGO, HARTFORD.

Our illustrated catalogue will tell you all about Columbias at \$125. It is free at our agencies, or we mail it for two two-cent stamps.

# Ontario Medical Association

**FOURTEENTH ANNUAL MEETING, JUNE 6TH AND 7TH, 1894.**

THE ANNUAL MEETING of the above Association will be held in the CITY OF TORONTO, on WEDNESDAY AND THURSDAY, JUNE 6TH AND 7TH.

Return tickets to delegates and wives at ONE AND ONE-THIRD FARE.

Papers are invited. Gentlemen desirous of reading papers or presenting cases before the Association are requested to notify the Secretary by the first of May, of the title of such paper or case, for submission to the Committee on Papers and Business.

Forms of application for membership may be obtained from the Assistant Secretary.

L. MCFARLANE, *President*, TORONTO.

D. J. GIBB WISHART, *General Secretary*, 47 GROSVENOR ST., TORONTO.

J. N. E. BROWN, *Assistant Secretary*, 552 CHURCH ST., TORONTO.

## Doctors! Why not use a Bicycle in your Practice?

IT WILL SAVE YOU AN EXTRA HORSE, AND IS ALWAYS READY  
FOR THE EMERGENCY CALLS

### The "NEW RAPID"

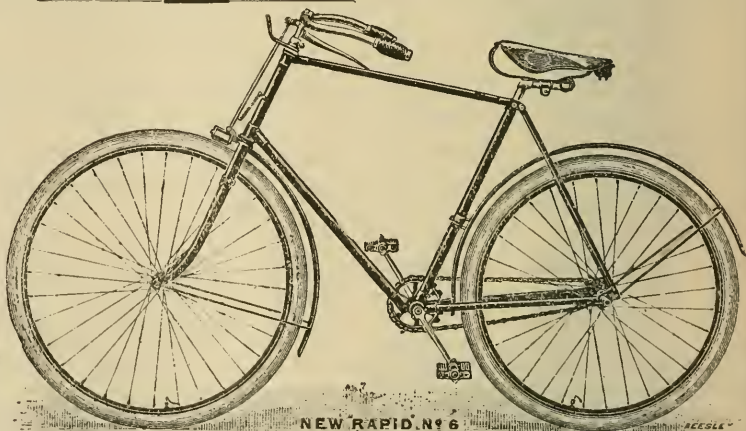
Is one of the highest grade English Bicycles, and is ridden by more Doctors than any other make.

It is strictly high grade, easy running, durable, and sold at a dry goods profit for spot cash.

It is, therefore, to your interest, Doctor, to ride the

### "NEW RAPID"

Enquire of your local agent, and if there is none in your town write to us.

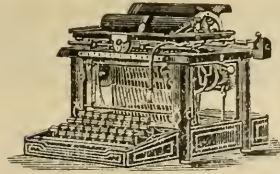


THE T. EATON CO. LIMITED

190 YONGE ST., TORONTO.



1893



MODEL.



# REMINGTON STANDARD TYPEWRITER.

Our No. 5 Medical Machine is meeting with much favour. Specially adapted for the Medical Profession.

TIME, the Tester, has put his great seal to the REMINGTON STANDARD TYPEWRITER for twenty years' faithful service. The busy man must have it or drop behind in the race. ASK FOR CIRCULAR.

☞ MACHINES RENTED. - OPERATORS SUPPLIED. ☞

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, **TORONTO.**

## CHEMICAL LABORATORY.

**Dr. A. R. Pyne,**

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each,	\$2.00.
Milk, quantitatively - - - -	2.00.
Water and Urine, quantitatively, each -	5.00.

**SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.**

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

**A. R. PYNE, M.B.**

*University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).*

## NOTICE TO THE MEDICAL PROFESSION

OF MANITOBA AND BRITISH COLUMBIA.



Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring Trusses or Surgical Appliances for diseases of the Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc., or an Artificial Limb for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

**AUTHORS & COX,**

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses and Surgical Appliances.



# VERNOY ELECTRO-MEDICAL SANATORIUM

231 AND 192 JARVIS ST., TORONTO.

---

THE Sanatorium buildings are cheerful, roomy and homelike. Large lawn in front and behind the west house. It is situated on the prettiest and pleasantest street in Toronto, and combines quietness with convenience to the business part of the city. No noise of street cars to disturb.



Physicians who have patients in need of the benefits of Sanatorium life, rest, change, systematic regimen and oversight, are requested to send them to us, and retain them under their own care, or to place them under that of the Medical Superintendent.

**BATHS** of various kinds, **MASSAGE, ELECTRICITY, Etc.**

**The Electrical Department** is fully equipped for the latest and best forms of treatment, and is under the care of Prof. S. Vernoy, who has had more than twenty-five years' experience in its application and uses.

Members of the staff are available for the giving of treatments in Electricity and Massage under the direction of the attending physician.

---

For circular, terms and other information, address—

**JENNIE GRAY, M.D.,** *Medical Superintendent,*

**231 JARVIS STREET, TORONTO.**

# CANADIAN MEDICAL PRACTICE AND PARTNERSHIP OFFICE.

ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

MARCH 28th.

Gentlemen desiring to purchase will kindly specify the class of practice they are able to negotiate.

Class A	will require, at least,	\$2,000	cash for first payment.
Class B	"	"	1,000 " "
Class C	"	"	750 " "
Class D	"	"	500 " "
Class E	"	"	100 to 400 " "

It will be understood that enquiries in any particular class will indicate to the Office the limit of cash the purchaser wishes to invest, and all practices upon the Register in that class will be sent in fullest details.

The following is only a partial list of those registered for sale:—

**Capital opening**, through illness, in Toronto, in thickly settled location; doctor thoroughly established, and can get good connection for successor. May buy or lease.

**Finest practice west of Toronto**, large thriving manufacturing centre, property on best corner in town, practice \$5,000 a year, hospital and other appointments to purchaser of property. This is the best opening on Register this month, for smart active man of a few years' experience having a little money.

**\$2,500 unopposed practice**, in central Ontario village, 400 population, large rich field; for cost of house, \$1,500. This is an exceptional opening, and purchaser need only pay \$500 cash.

**\$4,500 practice** and centrally located residence in large manufacturing centre.—C-31.

**\$1,800 good village and country practice**, house on lease \$100 a year, bonus \$250.—J-7.

**\$3,500 in manufacturing centre**, with lease of centrally located residence and three months' introduction, \$1,000, half cash.—J-18.

**\$1,500 village and country**, unopposed, with drugs and office equipment, \$350.—L-4.

**\$1,200 practice**, unopposed, fine country, \$300.—M-28.

**\$2,000 unopposed practice**, centre of Ontario, rich farming country, \$500.—E-13.

**\$2,250 railroad centre surgical practice**, lease property, bonus \$500.—D-11.

**\$1,500 village**, best country, rich farmers, good roads, for value of property.—F-8.

**\$3,500 practice**, all cash, country town, for cost of property.—C-7.

**\$5,000 good practice in live western town**, fine opening for active, ambitious man.—F-27.

**\$2,500 rich country village**, \$1,000 cash on property, balance to suit.—D-21.

**\$2,000 practice** and drug store with opposition indifferent, \$500 first payment on property.—A-20.

**\$2,250 in good Presbyterian town**, excellent chance for young Presbyterian, only the cost of house required.—E-16.

**Six good openings** for Junior Graduates of limited means, neither property equipment nor bonus required; all these openings from \$1,000 to \$1,500 are sure, \$100 for choice.

The Office has been at extra pains to secure for those about graduating a number of practices suitable to junior practitioners.

These will be within the means of everyone to negotiate, and reasonable time will be given for payment if requested.

**NOVA SCOTIA.**—\$2,500 practice in middle of Province—village—large field, owner retiring for health; sell property for \$1,500, \$1,000 cash; excellent opening for Presbyterian.

**Good \$3,000 practice** in large seaboard town for cost of furniture and equipment—going south for health—Methodist or Presbyterian, for \$1,500 cash or approved paper.

**BRITISH COLUMBIA.**—Three practices on Vancouver Island and mainland, for transfer on very reasonable terms.

**ALBERTA.**—Two excellent practices, unopposed, in Alberta District—\$500 and \$350.

**MANITOBA.**—This Office can secure for Manitoba graduates for \$100 three openings in southern and four in western parts. In any of these locations \$1,000 may be made the first year.

**QUEBEC**—Wanted—Two practices from \$3,000 to \$4,000, in English-speaking community, for graduates of Montreal.

**Practice of \$2,000**—Wanted—for French confrere.

A fine Galvano-Cautery Battery, cost \$80, may be secured, complete, for \$25.

Oxygen Generator, \$10.

Fox's Atlas, Skin Disease, 2 vols., \$10.

Pathology Atlas, Martin, Berlin, Coloured, \$15.

Lot of Standard Medical Works, contents of leading Physician's Library.

Number of Instruments—almost new—very cheap: cases, forceps, etc.

**Locum tenens.** I have always at the service of the profession three gentlemen, with foreign qualifications, to act as locum tenens.

I am constantly receiving inquiries for good openings at fair terms, and would request those having practices of real value, who desire to dispose of them, or to sell a share, or get assistants, to register them without delay. Those desiring to purchase may be assured that only those practices will be registered which are of the very best and the details of which are strictly accurate.

All communications are strictly confidential.

Letters must be direct from medical practitioners only, and must enclose stamp for reply, otherwise they will remain unnoticed.

Address—

DR. J. E. WHITE, 185 CARLTON STREET, TORONTO.

**COMPLETED!!!**

The Fourth Volume of

# **FOSTER'S ENCYCLOPÆDIC MEDICAL DICTIONARY . . .**

Thus finishing one of the Grandest Literary Monuments of the Age, the preparation of which has consumed Twelve Years of Unremitting Labor.

Being a Dictionary of the Technical Terms used by writers on MEDICINE and the COLLATERAL SCIENCES, in the LATIN, ENGLISH, FRENCH, and GERMAN LANGUAGES.

**By FRANK P. FOSTER, M.D.,**

*Editor of the "New York Medical Journal;" Librarian of the New York Hospital.*

## **PUBLISHERS' ANNOUNCEMENT.**

**T**HE publishers are pleased to announce the publication of the **FOURTH AND CONCLUDING VOLUME** of this valuable and important work. The same careful editorial supervision and verification has been expended on this that are indicated in the preceding volumes.

## **THE STANDARD AND THE BEST.**

Hasty, indifferent work, and careless editorial supervision, are too frequently found in the compilation of reference works, always with unsatisfactory results to the student; and some recent publications in line with this Dictionary are not exceptions to this charge, as an examination and comparison of the *u* will show. It is only just to say that it has been the ambition of all connected with the preparation of **FOSTER'S MEDICAL DICTIONARY** to provide the profession with the most satisfactory and only comprehensive Medical Dictionary published.

THE DICTIONARY is in Four Imperial Octavo volumes of about 750 pages each, and in twelve Sections of about 250 pages each. The sections are strongly and tastefully bound in heavy muslin-covered boards, with the view of avoiding the necessity of rebinding in volumes.

SUBSCRIPTIONS are accepted only for the entire work. Prospectus and price-list will be sent on application.

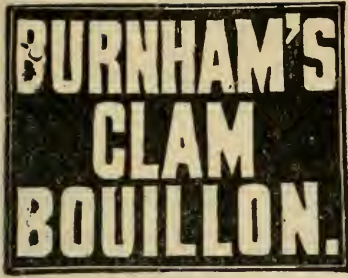
**D. Appleton & Co., Publishers,**  
**NEW YORK.**

**CANADIAN AGENCY:**

**63 YONGE STREET, TORONTO.**

**GEO. N. MORANG, Manager.**





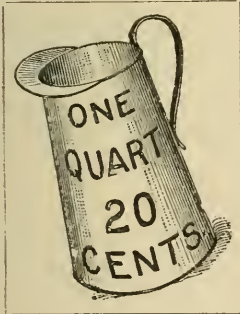
## A Food That Takes One Back To First Principles.

### WHAT IS IT?

Containing phosphorus, lime and sodium, which are essential to the animal organization and vitalization, and furnishes, in its relation to its weight and volume, the greatest possible quantity of nutritive principles. Nutritive principles, as is well known, are thermogenic elements. It satisfies the taste without producing too quickly the sensations of satiety, and contains that valuable property of ease of digestion in the stomach and readiness of absorption in the intestines.

### A PLAIN STATEMENT.

Burnham's Clam Bouillon is **guaranteed** to be strictly pure and free from any antiseptics or preservative whatsoever, and the



manufacturers will pay **\$100.00** to any chemist who, upon analyzing, finds in it any substance not naturally present in the clam. It is more strengthening than milk or extract of beef, is easily prepared by adding hot water, and is much cheaper. You will find it a very acceptable change from the long list of beef and other food

products now offered. **Specify Burnham's Clam Bouillon, which is put up only in glass bottles.** A sample bottle will be sent free to any physician upon application to the

**E. S. BURNHAM COMPANY,**

120 Gansevoort St.,

NEW YORK.

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## COD LIVER OIL AND IRON

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

Put up and sold only by

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

# Ferrol Manufacturing Co.,

Retail by all Druggists . . .

HEAD OFFICE:  
**205 SPADINA AVE., TORONTO.**

# **“Vinolia”**

**EMOLLIENT  
SAFE and  
PURE**

**FOR SENSITIVE  
SKINS**

# **Soap**

Premier, 15c.; Floral, 20c.; Balsamic, 25c.; Toilet (Otto), 35c.;  
and Vestal 85c. per tablet.



## **“VINOLIA”**

**THE CHOICEST OF**

## **CREAMS**

For itching, face spots, eczema, chaps, chilblains, skin irritation,  
etc., etc.

**RELIEVES ITCHING AT ONCE**

“An emollient cream for the skin in eczema, rash, eruptions, etc.”—*Lancet*.

50c., \$1.00, and \$1.75 per box.

## **“VINOLIA” POWDER**

**SOLUBLE, SOOTHING, SAFE**

For Toilet, Nursery, Perspiring Surfaces, Redness, Roughness,  
etc., etc.

“An impalpable rose-dusting Powder; soluble, of remarkable fineness, and well  
adapted for the nursery, toilet, weeping surfaces, etc.”—*British Medical Journal*.

50c., \$1.00, and \$1.75 per box, in Pink, White, and  
Cream tints.



**BLONDEAU & CIE., 73-77 Watts St., NEW YORK**

**ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.**



# COCILLANA

(FLUID EXTRACT.)

## IN RESPIRATORY INFLAMMATIONS.

IT gives us pleasure to announce to the profession that, although we have for two years been unable to obtain any stock of Cocillana, we can now supply this Bolivian remedy, which experience has proved to be of marked therapeutic value in the inflammations of the Respiratory Organs, in Coryza, Bronchitis, Hay Fever, Asthma, Influenza, Pneumonia. It has also laxative and purgative qualities, and has been employed successfully as a substitute for Ipecac and Apomorphia in Catarrhal conditions.

Professor H. H. Rusby, M.D., Drs. Reynold W. Wilcox, David H. Stewart, L. H. Mettler and J. W. Eckfeldt have clinically tested it in numerous cases, and reported their experience in papers published in the *Philadelphia Medical News*, *Boston Medical and Surgical Journal*, and *Therapeutic Gazette*.

Samples of Cocillana and reprints of the papers published will be supplied on request to physicians who wish to test its virtues and who will pay express charges on sample.



# CHEKAN

IN THE  
TREATMENT OF

## WINTER COUGH.

Dr. Murrell, of the Royal Hospital for Diseases of the Chest, London, states as follows:

"Myrtus Chekan I have tested in fifteen cases of chronic bronchitis, all the patients, with one exception, being men. The age of the woman was 51; the ages of the men ranged from 36 to 58. They were all bad cases, most of them of many years' duration. Many of them had been attended at the hospital for some considerable time, and almost without exception they had in former years undergone much medical treatment with comparatively little benefit. Their occupations exposed them to cold and wet, and draught, and in some instances they had the additional disadvantage of working in a dusty atmosphere. They complained chiefly of paroxysmal cough, with thick, yellow expectoration, and much shortness of breath on exertion. On physical examination of the chest, emphysema was detected, with or without a little rhonchus of the bases behind. *They were, in fact, ordinary cases of winter cough.* The fluid extract of Chekan was ordered in two-drachm doses in a little water every four hours, the dose usually being increased at the expiration of a week to half an ounce. The medicine was always taken without difficulty. In all cases the patient obtained some benefit, and in most instances the relief was very marked. There was in a few days a decided improvement in the cough, expectoration was from the first easier and soon diminished in quantity, and finally the dyspnoea was less."

Clinical reports from private and hospital practice promptly forwarded upon request, and samples to physicians who will defray expressage.



# PARKE, DAVIS & CO.

Detroit, New York, Kansas City, U. S. A.

AND WALKERVILLE, ONT.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR,

EDITOR.

All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, MARCH, 1894.

[No. 8.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### ADVANTAGES OF EXISTENCE OF THE COUNCIL.

At this present date when the Medical Defence Association is carrying on its campaign against the actions, and even the very existence of a medical board, and on what is practically the eve of an election for a new body, we think it fitting to lay before our readers a couple of points which show the great advantage obtained by its existence and continuation on the lines on which it is now carried on.

It is not necessary for us to speak of the general accommodation afforded to all by an excellent staff of employees with the very competent registrar at its head to supply information and conduct all the work connected with the institution.

Anyone who at any time has had occasion to have communication with them can easily afford evidence of the complete system and absolute correctness with which all business affairs are carried out, and the certain accuracy in which all information, no matter what it may be if in a medical sense, is given to the enquirer.

Nor is it necessary to eulogize the accommodation supplied by the Board in its building to visiting members, and to the library of the Association.

These points are so apparent on the face that even an opponent of the present system must give consent to their appropriateness.

Our intention is more to show the protection afforded to both the profession itself, and the public generally, and under these circumstances the ideas arrange themselves without difficulty under three headings:

1. *Protection to the Profession.* If there were no ruling body, a long stretch of imagination would have to take place to put one in a position to think of things as they would be. In our province a certain definite time is required to pass examinations; in many other places—especially our neighbour across the line—colleges and states supply medical diplomas on the least provocation. Consequently all men who had only a short time to spare, who were too lazy to put in full time, and who wished to pass easier examinations, would quickly leave our fair province to study, and even more quickly flood the place afterwards with half-fledglings, as they truly must be. Not only this, but the products of all other countries would also be foisted on us, with a special line of the poor men who, not being able to make a living in their own native land, would emigrate to a new place and make their attempts there, and one can see how directly we would be overrun. Quacks, fakirs, advertising men, and, in fact, everything of

the kind would be as thick as bees in a swarming, and, although doing no good at all, would soon take the cash—as they only work for cash down—and the poor, properly constituted medical man would have to do his own work with a very poor chance of being paid. The Council at the present time is doing a great deal to keep down such people, and we certainly think credit should be given for the work. We will enlarge on this point no further, leaving it to the justice, so amply found among medical men, to bear us out.

2. *Protection of the Public.* Here, if the people only knew it, a very great good is done by supplying to them only properly registered practitioners. Every man likes skilled labour if it can be got for a job he is to have done, and the Council does its best to give them their desires. By keeping out all others they save lives; they save time; and, what is almost as efficient, they save money to the public. Of course it goes without saying that the service is not absolutely perfect, as the "Oi Polloi" are, as a rule, too easily gulled. We know, personally, of one case where a fakir—the seventh son of the seventh son—made quite a sum by the sale of "The Oil of the White Fawn," obtainable only by him, etc., the said oil being nothing more than white vaseline, bought from a town druggist, and sold at one and two dollars per ounce box. In spite of this sort of thing, which will happen occasionally, till the vendor is stopped by the Council, all, or practically all, are kept out of our road, and save our people's health.

3. *Maintenance of the Standard of Education.* This will require very few remarks. With the colleges free and in competition, the advantage of a check on them is plain. They cannot bid by low standards for more pupils as then they cannot fulfil the requirements of the law. It is not so very long ago that many got through in three and even two years by getting certified for certain lectures, and getting through on them. No such thing can occur now. We think the system of examination by number is the best at present used, neither the student knowing his number nor the examiner the name.

Before closing we would request a comparison between the Council and other closed corporations with reference both to fees and to advantages, at

the same time looking at the powers held by law by the others.

#### PREVENTION OF DISEASE.

How to prevent disease is a study which to-day has become one of the most important, if not the most important, to which the attention of the physician is directed. Medical societies everywhere are considering the question, and giving it the prominent place it deserves among the subjects which properly come up for their consideration. The New York Academy of Medicine, the Philadelphia College of Physicians and the Toronto Medical Society may be mentioned among those which have given attention to the matter. There is practical agreement as to the great importance of legislative enactments, requiring the isolation and registration of all cases of such diseases as diphtheria, typhoid and scarlet fever, etc.; but how far legislation should go in seeking the prevention of tuberculosis is a disputed question. Much could be done by legislation without any hardship to individuals to prevent the consumption of tubercular meat by thorough inspection of our herds, and of the meat as exposed for sale, by keeping a close watch over our dairies and our milk supply. Hotels, steamboats, railway-carriages, and all public conveyances should be thoroughly inspected and proper regulations insisted on that would ensure entire destruction of all germs of disease. But the germs of consumption are so numerous and so constantly present that some more efficient means must be used against them.

Is that to be found in the means that may be used by a Medical Health Board? We think not, unless every individual suffering from consumption be shut up in an isolation hospital. That is something which would not be tolerated in our present stage of civilization, for in the case of many it would mean years of restraint. Probably nothing further could be done in this direction than to establish isolation hospitals where those consumptives might be cared for whose homes could not supply them with suitable care.

Information should be systematically given by means of circulars that the disease is contagious, and that it can be largely prevented by simple measures of disinfection. More than all the physician must impress upon his patients and their



attendants that all sputa must be destroyed before it becomes dry, that on no account must expectoration be allowed except into a vessel containing an antiseptic, or into a cloth to be afterwards burned.

The following resolution was passed recently by the College of Physicians, Philadelphia: "That the College of Physicians believes that the attempt to register consumptives and to treat them as the subjects of contagious disease would be adding hardship to the lives of these unfortunates. In view of the chronic character of the malady, it could not lead to any measures of real value not otherwise attainable. That strict attention on the part of the physicians in charge of the individual cases, insisting on the disinfection of the sputum, and of the rooms, inadequate ventilation, and on the separation of the sick from the well, as far as possible will meet the requirements of the situation so far as practical for diseases so chronic.

"That no official action be taken in the matter by the Board of Health, except the insisting on disinfection of rooms in which consumptives have lived and died, in instances in which such procedure is not likely to have been adopted under the direction of the attending physician."

---

#### COUNCIL BUILDING.

The editorial of the last issue on the Council Building and the Acquirement of Real Estate, has certainly struck home in some instances. Dr. McLauchlin, objecting to the mention of his name in connection therewith, has written us, as will be seen in the Correspondence Column. We in one sense welcome such a letter, the whole extent of it being used in argument, such as it may be, and none in personal denunciation and asseverations on our power as either a writer or an editor.

We certainly hope we have not offended a man we have the most thorough respect for; but we could scarcely refrain from the mention of his name, he being at the present time one of the strong opponents of the existing state of affairs.

We merely drew attention to the fact that the Doctor was a member of the Council at this time, and that he must have known of the purchase of the property, of the fitting up of the old church, of the great want of adaptability for use of the Cor-

poration, and the general desire of the members for some better quarters. He certainly also must have had some experience of the general movings around for examinations, the difficulties in getting a proper place now in one part of the city, now in another, and the great amount of illegal work carried on by the students in spite of the most careful watching on account of the want of accommodation.

Dr. McLauchlin being an old member of the Council, we presume took a certain definite interest in their doings after he left the Board, and if he did, the knowledge that a building such as this one was going to be erected, must have been contained in the reports perused by him. Under these circumstances, why then did he not give utterance to his objections before the work was carried out, instead of waiting till now when the whole affair has been completed some years.

If he will read over our article again, he will see that the whole gist of it lay in the fact that the proceedings were public, and were never in any way objected to before the existence of the M.D.A.

The coupling together of lawyers, undertakers and pawnbrokers as tenants (of whom, by the way, none but the former hold leases), must either show that he has had peculiar associations, or else he has a very faint idea of the requirements and style of the city lawyer's work and offices.

---

#### THE APPROACHING CHOLERA CONFERENCE AT PARIS.

##### THE EXTINCTION OF CHOLERA.

M. Hanotaux, Minister Plenipotentiary, Director of the Consulates of France, and delegate of France at the forthcoming International Cholera Conference at Paris, has stated to a representative of the French press, in a published interview, the precise object and anticipated results of this conference. The Conference, he states, will occupy itself with tracking the cholera to its seats of origin—that is, Asia and India, dealing especially with the Meccan pilgrimage. The principal question laid before the Conference is to find thus "the examination of the Asiatic origin of cholera, and the measures to be taken relating to the defence of Europe against this scourge." Without prejudging the results, M. Hanotaux has reason to hope that

the Sultan and the Shah of Persia will assist in arresting the development of cholera at its Asiatic ports of entry and posts of reinforcement. "The English," he observed, "are especially interested, since they hold both ends of the inlet and outlet, India and Egypt." M. Hanotau continues as follows: "The Conference builds largely upon the assistance of Great Britain, for one of the most brilliant European hygienists, Mr. Ernest Hart, has denounced Mecca as a main centre from which European cholera spreads, in an address of wide-spread influence. He has pointed out that Hagar's well, where the Mussulman pilgrims wash and drink, is nothing better than sewer water; in one day (June 26th, 1893) there were 500 deaths at Mecca from drinking this water. Let the pilgrims die for the glory of Mohammed, that is their affair; but they spread the cholera to the rest of the world, and they must be prevented from making us that present. The Paris Conference will mainly occupy itself with this object; it will not be far from agreeing with the English sanitarian, Mr. Ernest Hart, in saying that the extinction of epidemic cholera in Europe may be secured without great difficulty. There are two ways of attaining this result: to ensure everywhere perfectly pure drinking water, and meantime put an end to the cause of insalubrity of the Meccan pilgrims. It will agree with him that 'outside of this all measures are illusionary; fumigations, railway and frontier quarantines, powderings and antiseptic fluids, are only vain ceremonies, simple sacrifices to popular ignorance, the idolatrous homage which dirt pays to cleanliness. The prime focus of cholera is India; its gates of invasion are the Indian fairs and the Meccan pilgrimage. Mecca is the reinforcing station of cholera between the Gulf of Bengal and Europe; it is there especially that the chief danger lies.'"

The measures, therefore, which the International Conference on Cholera at Paris will be called upon to resolve are, M. Hanotau announces, those indicated by Mr. Ernest Hart in his addresses at Edinburgh and in America. "Thus we shall undoubtedly instal medical posts and posts of inspection at two points, which he points out as the most important to be watched—Thor and Camaran. Every ship and every caravan of pilgrims will be accompanied by a medical staff

furnished with all that is necessary for the purification and disinfection of the sick. The Conference will consider resolutions as to the necessary reorganization of the sanitary service of India, the regulations of the great fairs of that country, the organization (as suggested by Mr. Hart) of a system of inspection of the pilgrims before leaving the Indian ports, and the curatorship of the sacred wells in which the Mussulmans bathe and drink at the same time." To carry out this, M. Hanotau concluded, "will be to win a decisive victory over cholera; such a battle is well worth waging."

The following are the delegates for the Paris Sanitary Conference which will take place at Paris:—For France: MM. Barrere, Hanotau, Brouardel, Proust, Monod. For Germany: MM. von Schoen and Mordtmann. For Austria-Hungary: Count Küefsten, Dr. Hagel, Dr. Karlinski. For the United States: Drs. Edward Shakespeare, Step-ton Smith, and Preston Bailhache. For Greece: M. Criesis, and M. Vafiader. For Italy: The Marquis Malaspina, and Dr. Pagliani. For Portugal: M. Navarro. For Sweden and Norway: M. Due. For Turkey: Turkan Bey, Nouri Pasha, Bonkowski Pasha, Dr. Hamdy Bey. For Persia: A delegate nominated by the Minister of the Shah in Paris. For Egypt: Achmet Choukry-Pasha, M. Mieville, and Sedky-Pasha.—*British Medical Journal*.

[Inserted for British Medical Association.—ED.]

#### EDITORIAL NOTES.

The world may come to an end, but electricity never. According to current reports we will soon be able to view with the naked eye all the internal organs without difficulty.

Spring comes round, and although it may bring delight to the sparrows and those who, like Salamanders, can only stand heat, it has a certain dread significance to the medical student. One of these alarms has been already advertised in our columns in the shape of the Examinations of the College of Physicians and Surgeons, Ontario. The program is out giving the extent of the ordeals for April 10th to 17th inclusive, with the Orals on 18th in Toronto and on 21st in Kingston. We certainly wish all embryonic practitioners the best of success.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

### COMPOUND COMMINUTED FRACTURE OF FRONTAL BONE AND LEFT ORBIT- AL PLATE, WITH EVULSION OF EYEBALL—RECOVERY.

John Cullen, aged 29 years, employed at a lumber mill, fell headforemost from a height of thirteen feet. His forehead struck against a nut which screwed down an iron bolt in the fixed machinery of the mill. The nut was a square one, measuring one inch each way, and the bolt projected about half an inch from the nut. I saw the man within an hour of the accident. He had a compound comminuted fracture of the frontal bone, with perforation and splintering of the left orbital plate. The external wound was nearly two inches long, extending through the supra-orbital notch, and dividing that artery and nerve. The eyeball was torn from its attachments and protruded from the socket, the evulsion being almost complete; the internal recti muscles were torn away; the optic nerve stretched and exposed to the extent of two inches and partially torn across. He had lost a good deal of blood, but was conscious and sensible. He was removed to a suitable place, to secure due care and nursing, and shortly afterwards I proceeded to treat the case as follows:

The wound and the cavity of the orbit were saturated with carbolized oil (1 in 20) by means of a syringe, after which several spicula of bone, incapable of coaptation, were removed, six small fragments being taken away. The injury to the eyeball and optic-nerve being too severe to warrant the hope of restoration, I removed the eye—care being taken to get as good a “stump” as possible. The wound was sutured with carbolized gut, and drainage provided for. After dusting the surface with iodoform, a thick compress of aseptic gauze was applied. Care was taken to effectually close the other eye, so as to secure the most perfect rest, and I may say here that this precaution was absolutely adhered to for ten days. I then gave

him a hypodermic injection of morphia and cocaine ( $\frac{1}{4}$  grain of each). During the first twelve hours after the accident his temperature rose to  $102^{\circ}$ , and this pyrexia was accompanied with a little delirium and restlessness; by the third day, however, this had quite disappeared and his temperature was practically normal. It was carefully noted twice daily for ten days, during which it never rose above  $99^{\circ}$ . The wound healed in a very remarkable manner. By the fifteenth day there was a firm and satisfactory cicatrix, and since then a deposition of new bone has been steadily progressing. He recovered without an untoward symptom. Three months after the accident he was fitted with a glass eye, and shortly after he resumed work.

The case is interesting from several points. Such a fracture is extremely rare. In an extensive surgical experience of a quarter of a century I have not seen such another, nor have I read of one. The proximity to the base of the brain, and the probability of injury to the ethmoid bone and olfactory nerve involved the risk of cerebral mischief, which, fortunately, did not occur. Too much stress cannot be laid, in such cases of injury to the optic nerve, on the absolute exclusion of light from the other eye, so as to secure functional rest. At present, twelve months after the accident, the remaining eye is sound and the sense of smell unaffected.

ALFRED M. WATSON, M.D. Edin.; M.R.C.S. Eng.  
Duncan, Vancouver Island, B.C.

### DR. DAVIE'S SALARY.

We are on the eve of a general election in this province, and, as is usual before such an event, party feeling is running high. The Opposition in our Legislature is doing its level best to oust the Government, while the latter is resisting the attack with a vigour which those in possession of anything worth keeping commonly exhibit. It is not our intention to use this journal as a vehicle for disseminating political views of a nature hostile to either the “ins” or the “outs,” but I think that most of our readers will admit that dragging the question of Dr. Davie's (our late Provincial Health Officer) salary into a question of party politics, is not the



right thing. We say this without the slightest partisan prejudice. The late Provincial Health Officer is not a politician, and the services he rendered British Columbia should have secured him from the attacks that were made upon him. His appointment was non-political, for we understand that he was selected at a meeting of medical men, held at Victoria the night before the order-in-council was issued by the Government, putting Victoria and the province generally under the operation of a common health act. For eighteen months' services he received some \$5,000, and when one considers the work done, the amount was not large. During the fifty-one days of the epidemic in Victoria and Vancouver, he merely received \$20 per day, and the amount of hard work he did for this, particularly in the capital, was something very great. The leader of the Opposition, the Hon. Mr. Beauen, was mayor of Victoria at the time, and whether through his carelessness or indifference, or both, there is no doubt that small-pox was rampant in that city and nothing was being done to prevent its progress. If the Government took the control out of his hands, it was only at the last moment when things looked desperate, that it had to resort to this drastic measure to save the city and the province. The medical superintendence of the affair was put into the hands of Dr. John Davie, at the suggestion, as we have already stated, of a number of medical men in meeting assembled, and he did the work assigned to him so successfully that he converted enemies of the Government into friends. But so far as he himself was concerned, he was merely an official, and the fact of his being a brother of the Premier should not have entered into the question at all. Did he do his work well? should have been the question; and as to that, friends and foes alike must admit he did. Hon. Mr. Beauen should have been silent on the subject, for surely his administration of affairs does not reflect any credit upon him. It is to be regretted by all respectable men of every party that all questions, no matter how far removed they are from the mere angry discussion of heated partisans, are nevertheless dragged in by designing persons who think they can make capital out of them, though at great cost to the interests of right and justice.

### THE THYROID GLAND.

We have been favoured during the past month by Dr. Osler, the eminent Professor of Medicine in the Johns Hopkins University, Baltimore, with a couple of pamphlets, of which he is the author, one treating "On Sporadic Cretinism in America," and the other on "Tuberculous Pericondritis." We wish to return thanks to our old teacher for his kind remembrance of us, and will make the occasion of the reception of the pamphlet on sporadic cretinism an excuse for saying a few words on a subject which is occupying a good deal of attention at the present time in the medical world, viz.: the function of the thyroid gland. At the last meeting of the British Medical Association in September, 1893, a discussion was introduced by Mr. Victor-Horsley, in the pathological section, as to the preliminary treatment to be carried out before grafting this body where its removal had been found necessary in cases of disease. Dr. Otto Lanz, of Berne, followed with some remarks on the nature of the muscular movements in cachexia thyreopriva in dogs. In a series of five dogs, in which the motor region in one of the hemispheres was removed either before or after the excision of the thyroid, it was found that the muscular twitchings, which were noticed in animals previously operated on without the destruction of the motor area, were increased in these particular cases on the paralyzed side. "A very remarkable phenomenon," says Dr. Lanz, "was that after complete recovery from the extirpation of the motor region, so that no trace of paralysis remained, the paralysis reappeared the same day that the thyroid gland was removed, and remained in the two dogs until their death from cachexia. This observation was a further proof of the great importance of the thyroid gland."

Though the function of the thyroid gland is not yet cleared up, yet it has been long suspected of playing a very prominent part in the nutrition of the tissues of the body. W. B. Carpenter, in an old edition of his "Principles of Physiology," stated that "the vascular supply of the thyroid body is, extremely abundant," and went on to show that whatever the material is which is elaborated by it, it must be of great importance in the economy, inasmuch as it is directly absorbed into the blood, in consequence of the thyroid having no duct for

its removal from the body. He did not think it was destined for a pabulum for respiration, because it was largely made up of albumen and contained very little fat, but its chemical composition would rather indicate its purpose in being subservient to the formative operations. Dr. Andriezen, however, from observations made on amphioxus ascidians and lower vertebrata, draws a rather different conclusion, and thinks it is concerned with respiratory gaseous exchange, and its removal is followed by malassimilation of oxygen by the body tissues. There is one thing, at all events, being made clearer every day, that changes of a most remarkable character follow when its functions are destroyed and its nutritive influences removed, either by disease or extirpation. Complete extirpation in man and monkeys is followed by changes, bodily and mental, identical with myxœdema, which proves that the latter disease is due to the abeyance of function in the thyroid body. As the appearances of this condition in the adult are similar in many of their aspects to what is called sporadic cretinism in children, it may be fairly concluded that some defect in the thyroid is the *fons et origo mali* in the latter disease. But if this gland is chargeable with these evil consequences, there is observable from the same source a sort of compensatory satisfaction. The fresh thyroid of the sheep or calf, taken raw or slightly broiled, to the extent of one quarter to a half a gland daily, will in a few weeks effect a remarkable change for the better in the diseased tissues. In a case of operative myxœdema following extirpation of the gland in a monkey, injections of thyroid extract—which is now prepared by Brady & Martin, of London—in about six weeks removed most of the morbid changes in the tissues, such as the muscular twitchings, œdema of the eyelids, the low temperature and anæmia. In Dr. Osler's first case of sporadic cretinism mentioned in his pamphlet, he used the extract, and in a month's time he had not noticed any improvement, but he remarks in his *brochure* that "the interest in the subject (Sporadic Cretinism) is at present a very practical one, inasmuch as the observations on the beneficial effects of thyroid feeding have been shown in several cases, particularly in those seen within the first three or four years of life," and it is to be

hoped that further experiments in his own case may confirm this statement. Thyroid feeding and the extract have also been employed with success in cases of psoriasis, by Dr. Byron Bramwell, in the Edinburgh Royal Infirmary, and by Dr. John Gordon, in the syphilitic form of the same disease, in the Aberdeen General Dispensary. Before concluding, we might say that there are no cases of cretinism or myxœdema reported, so far as we are aware, either amongst the white or native population of British Columbia. Enlargements of the thyroid are not common here, in fact we might say that they are even rare. Dr. Osler tells us that there is some misunderstanding existing with regard to the definition of a crétin, some confounding them with ordinary idiots. He says the term crétin "should be limited accurately to a form of idiocy associated with changes in or absence of the thyroid gland." Briand, Chandé and Bouis, in their *Manuel Complet de Médecine Légale*, claim that crétins are not subject to the fits of passion and excitement which characterize idiots. We will venture to quote an extract touching this point from that valuable work: "Aussi déshérités que les idiots au point de vue intellectuel les crétins n'ont pas les excitations périodiques ou passagères que l'on observe chez ces derniers. Dans certains cantons de la Suisse où le crétinisme est très commun, on voit les crétins calmes impossibles indifférents à la curiosité par fois indiscrete des voyageurs."

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### CHANGES REQUIRED IN THE PRINCE EDWARD ISLAND MEDICAL ACT

OF 1892.

In view of the fact that reciprocity in registration is about being negotiated between the Maritime Provinces, it will be necessary to appeal to the Legislature of this province during its first session. The changes should embody the curriculum of studies of at least four years, with a preliminary matriculation examination before the studies begin, and an examination in every case as the only legal qualification to legalize the practice of medicine. In matters of detail, the Council will require power



to make all by-laws without submitting the same every time to the approval of the Lieut.-Governor and Council. The one year's preliminary study with a doctor is to be abolished and count for nothing. If study with a doctor is at all entitled to any consideration, it should be required after graduation and before the examination required for registration; in this way it would give young men the benefit of practical work in a doctor's office. An apprenticeship at this time would be a benefit. The ethics of the profession should receive some consideration by requiring all *entrants* at the time of registration to subscribe their adhesion to them. The sections that particularly need modification are sections 11, 12, 13, and subsection 2, and section 40, 41 and 43, together with Schedule B.

Medical men should at once use their influence with the various representatives to have these changes made without mutilation in Parliament. The changes are based on agreement for reciprocity between the three provinces. It would, therefore, be absurd for laymen in the Legislature to commence tinkering with the law, as the deviation of a word or a sentence would make the law ridiculous and practically inoperative. We trust that the intelligence of the people is now somewhat advanced, and that we will not hear such ridiculous assertions as in times past. We adhere to this opinion because, in matters of this kind, laymen are not judges, and however honest they may be, they are apt to have their judgments warped from a misunderstanding of the facts. If the members of the profession themselves would fully take in the situation and be united in their views, it would have the effect of convincing the Legislature of the importance and necessity of the changes being made. Let every physician who is on the Medical Register use his influence with the representatives and urge the enactment of the amendments without dotting an "i" or crossing a "t." As it is submitted by the solicitors of the Maritime Provinces, it would certainly be very ridiculous, after the three Councils agreed on a basis, that one of the Legislatures should spoil that and render the reciprocal registration a dead letter. Our work being purely in the interests of medical education, we have nothing dark or designing to introduce that the public have any cause to fear from. In fact, the

history of the medical profession goes to show that it has always been foremost in all matters to defend and protect the public and its interests; and it is strange, surpassing strange, how a designing quack and pretender can insinuate and prejudice the public against the profession, if a designing druggist, or other vicious person, declares, "look out for the doctors, they are looking for an amendment to their law by which they can fleece the people." Protection to the pocket being uppermost in every man's mind, the conclusion is reached that it is just so, verifying the Scriptures that the truth often suffers violence; yes, and a lie will go half round the globe before the truth gets its boots on to follow it!

Let medical men be firm and true to themselves and they have nothing to fear. The world is advancing. Science is progressing, and quackery with all its allies will recede and take a back seat and hide their faces like the moles and the bats.

#### ADVERTISING.

It is quite customary nowadays to have notes from every settlement or cross roads where a doctor is located, published in the local press—amongst other things, pie socials, clergymen and horse trots—and dove-tailed into it is "Dr. So-and-so is doing a flourishing business," "Dr. So-and-so is attending So-and-so," "Dr. So-and-so has performed an operation." The innocent doctor, of course, knows nothing about it and he is above suspicion. All the same, he is looking for the papers and asking if the notes appeared. It is quite evident that this cheap method of advertising only disgusts the better class of the public; the most intelligent regard it as an evidence that Dr. So-and-so is a humbug and not doing "a flourishing business," and this species of quack advertising should not be tolerated, and the doctor should say, "save me from my friends." Another class takes up lecturing on matters medical before the people. Dr. So-and-so gave a lecture on the "eye," another on "hygiene," another "physiology," another on some other medical subject. We believe in a doctor keeping himself abreast of the times by being well read and up in his profession, but we confess, that clear of advertising, we know of no earthly benefit that will result from such



lectures before a common audience. Take temperance, morality, fun, wit and humour, and random slings at giant wrongs for your texts, if you are bound to lecture, and keep the profession unsullied in its usefulness before the people.

## Original Communications.

### BURNS AND SCALDS.\*

BY DR. ROBINSON.

*Mr. President and Gentlemen*,—When asked to give notes on a case for this evening, I consented, because I feel it my bounden duty to do anything I can, however little, to aid in the prosperity of the Clinical Society.

The case I have selected is one of ordinary occurrence, and may, therefore, from some special features it presents, lead to some discussion that will be beneficial to us all in practice.

The patient was a bright boy of thirteen years, whose previous health had been good. In lifting a tailor's pan of boiling water out of an oven, it upset, severely scalding the greater portion of both legs, the left being burned entirely from the foot to the upper third of the thigh, the right from the foot to a short distance above the knee.

Burns have been classified into six degrees according to the tissues destroyed, but for practical purposes I think only three classes need be made:

1. Those presenting erythematous inflammation of the skin without vesication.
2. Those in which the inflammation of the skin results in the formation of vesicles and bullæ.
3. Those in which partial or complete carbonization of the part results, or in which, from the secondary effects of inflammation, more or less extensive and deep sloughs form.

The case under our observation is one of the third and fourth degrees in first classification, or the second degree in the one I prefer.

I found the patient in severe pain and suffering considerably from shock. I applied hot water bottles and warm flannels to his body, gave him tea and rye whiskey internally in good quantities, sufficient morphia to control the pain, and prescribed a local application of ol. lini., tinct. opii

and aq. calcis. I might add that I think this would be improved by adding 1 to 2 per cent. carbolic acid.

On the third day reaction was setting in, temp. 101°, pulse still weak. I gave him a mixture of sp. ammon. aromat. and infus. digitalis. On this day I noticed the glands in his left groin were swollen and tender.

On the fourth day he complained of pain in his left breast.

On the fifth day the ordinary well-known symptoms of pleurisy were developing. I gave him hydrarg. submur. to move the bowels gently, and prescribed a mixture of potassæ acetat. and infus. digitalis.

During the second week he was heavy and drowsy. On the ninth day his left wrist-joint became acutely inflamed, and two days later his elbow-joint, on the same side, became involved, and on the twelfth day the inflammation spread to the wrist and elbow on the right side, as well as both knees and both ankles. I considered I had the complication of acute rheumatism to fight and, after giving a doubtful prognosis, suggested a consultation.

There was now considerable œdema of the skin. The temperature was 102° to 103°, the pulse was high and very weak, the patient was pale and listless. I now prescribed a mixture containing sodii salicyl., sp. ammon. aromat. and sodii sulph. The legs were now washed off two or three times a day with warm water containing ac. boraci, ac. carbolic and glycerine. In three or four days the swelling and tenderness disappeared from the joints, but only to be followed by another complication which I consider similar in its nature to the ones already mentioned, viz., orchitis.

I continued the general treatment above mentioned, and also applied warm applications to the testes. The acute symptoms remained a few days and the effusion disappeared gradually. The history of the case from this time on was one of ordinary convalescence from the complications mentioned, together with granulation in the legs.

I have given quinine with acidi nitro-mur., tinct. gentiæ and tinct. nuc. vom. Afterwards I gave potass. iodidi and liq. arsenicalis and syr. ferri iodidi; later, quinine, tinct. ferri mur. and liq. arsenicalis.

\* Read before Ottawa Clinical Society.

The local treatment of the scald has been as nearly antiseptic as could well be done in the average mechanic's house.

The local treatment, I think, may be summed up in the following principles :

1. Keep the parts free from the air or any irritation from without.

2. Keep the surface free from any pathological product from within, such as sloughs or any putrefactive product, by repeated washing with warm water containing an antiseptic solution. These solutions I think it well to change from time to time.

3. Take care not to rub off the cuticle where raised in blisters at first. Let out the serous product by puncture.

4. The granulating surface must be carefully watched to keep it in healthy condition, especially when large. The granulations often become too profuse and weak, thus retarding the healing process. In these cases any caustic may be used. I have used Aq. Nitras in stick, and alum at various times.

5. Maintain the limbs or other part in the most favourable position to prevent contractions of the healing parts.

6. The local dressing should not be removed at first for some days, unless the parts are suppurating, when they will be loosened somewhat.

The local dressings I used were (1) a mixture ac. borac. 4 parts, and iodoformi 2 parts; (2) ac. borac. 3 parts, iodoformi 2 parts, and aristol 1 part; (3) cocaine 1 part, ac. carbolic 2 parts, ac. borac. 10 parts, glycerine 17 parts, aqua pura 70 parts, besides those first mentioned.

In all cases of burn or scald the extent of surface involved is an important factor in considering the prognosis. Mere reddening of two-thirds of the surface of the body will generally result in death, while destruction of one-third of the skin will produce the same result. Death in these cases will generally result from shock or exhaustion.

If we pass the first few days successfully, one or more of the various complications peculiar to this affection are to be looked for. They are the results of the revulsion of blood from the internal organs. The result may be congestion, or stasis, and thrombosis in lung, liver, kidney, bowels, spleen, brain and branches of the pulmonary artery. If the last

condition result, the right ventricle of the heart will not then completely empty itself; there will be enormous nervous congestion and arterial anæmia, producing apoplexy, dyspnoea, cyanosis, coma, small pulse, angina, pectoris, eclampsia and death.

Again, any of these congestions may result in inflammation, as in those of the serous membranes of my own case just related.

Other complications may arise, erysipelas, pyæmia, tetanus, duodenal ulceration, perforation, peritonitis. These, of course, should be treated as ordinarily, except that no depressant should be used, unless cautiously.

Now, I have not attempted to exhaust the subject of burns, but have referred to some of the chief points suggested by my own case.

Skin-grafting is done in many cases of extensive burn, and, if successful, saves much time to the patient. There is also skin-gliding, transplanting, and the rhinoplastic surgery necessary in cases of contraction following burns, of which I trust some of the gentlemen present will tell us, who have more experience than myself.

## POTTS' DISEASE OF THE MIDDLE REGION OF THE SPINE—ITS DIAGNOSIS AND TREATMENT.

BY W. W. BREMNER, M.D.

Late Assistant-Surgeon to New York Hospital for Ruptured and Crippled; Orthopedic Surgeon to Infants' Home and Infirmary, Toronto.

Potts' disease of the spine is a chronic tubercular disease of the bones composing the spinal column. It affects almost entirely the spongy substance of the bodies of the vertebræ. The disease is the same in any portion of the spine, but the consequences, symptoms and deformities vary according to the region that is affected. The principal symptoms which are common to Potts' disease in any part of the spine are : 1. Stiffness, or muscular rigidity of the back. 2. Pain. 3. Deformity. 4. Paralysis. 5. Abscess. 6. General symptoms such as fever, loss of appetite, weakness, etc.

There is not room in a short paper like this to go into the different aspects of these symptoms as they appear in the various regions of the spine. But they will be considered as they appear in disease of the middle region, that is, from the fifth to the twelfth dorsal vertebræ.

1st. Stiffness or muscular spasm. This is the earliest and most characteristic symptom in Potts' disease, and is usually very easily noticed in either the upper or lower regions which normally have considerable range of motion; but in the middle region it is more difficult to ascertain its presence, as this region has normally so little motion. Any loss of the natural elasticity of the body occurring in children should cause suspicion of Potts' disease.

2nd. Pain. This is usually present and may be confined to one side. It is reflected along the intercostal and abdominal nerves; it may be constant or occasional, and often causes night-cry. In combination with a constrained stooping attitude and a grunting laboured respiration, it is one of the most characteristic symptoms of Potts' disease in the middle region.

3rd. Deformity in this region in the early stages resembles very much ordinary round shoulders, and great care is required in some cases in making a diagnosis. When the disease is more advanced, the projection of one or more vertebræ makes the matter plain.

4th. Paralysis. This occurs more frequently in disease of the middle region than elsewhere, owing to early implication of the cord which is here contained in a smaller canal. It is often a very early symptom, and may occur before there is any deformity. Paralysis thus induced is of the spastic variety; the reflexes are increased and the limbs are stiff, in this resembling cerebral paralysis, from which it may be diagnosed by the mental impairment which usually accompanies the cerebral form. In infantile spinal paralysis, the result of antero-polio-myelitis, the reflexes are abolished and the limbs at first flaccid.

5th. Abscess occurs in many cases and may point in any direction, but usually follows the course of the Psoas muscle and points in the femoral region. Many mistakes are made in diagnosing. I fitted a woman a few weeks ago with a Taylor Brace for disease of the middle region, who had worn a truss for a year or more on the projection in the femoral region caused by a Psoas abscess.

6th. There are the General symptoms: the fever caused by the absorption of pus, the loss of appetite and weakness caused by the pain and irritation,

and the tickling cough and symptoms of asthma which often occur.

*Diagnosis.*—It is necessary in making a correct diagnosis to group all these symptoms together; especially is this true in the early stages of the disease when it is so important to the well-being of the patient and the prevention of deformity to commence suitable treatment.

Stiffness may occur in the posterior curve caused by rickets; there may also be considerable pain, but the presence of enlarged epiphyses and of beaded ribs will show the character of the disease.

The pain in Potts' disease is always reflected. There is no local tenderness on pressure or on making percussion over the diseased vertebræ. Cases sometimes occur where there is no pain.

When deformity is well marked it can be mistaken for nothing else, but in the earlier stages difficulties arise in diagnosis. In very young children it is not easy to feel the spinous processes; and again, there are normal projections occasionally seen in some persons—of the spines of the sixth and seventh cervical and of the first and last dorsal vertebræ. Great care has to be taken in these cases and it may be necessary to examine a case once or twice with an interval between.

Paralysis coming on in a suspicious case renders the diagnosis complete.

A few of the other affections which simulate Potts' disease are:

Strains of the back. These are uncommon in children but in adults often occur. These cases should be given complete rest for a few days when their nature will become apparent.

Lateral curvature of the spine is present in some cases of Potts' disease, but it does not usually occur until rather late in the disease when all the other symptoms are well marked.

Rickets has been mentioned already.

Wryneck, which complicates diagnosis in the upper region, causes no trouble in the middle region.

Hip-joint disease may sometimes be suspected, owing to the flexion of the thigh which occurs from Psoas irritation; but on examining the hip it will be found that motion is free in every direction except that of flexion. Pus from a Psoas abscess may burrow into the hip-joint and cause



secondary diseases of this joint. Then all the symptoms of hip-joint disease will be present.

Hysterical spine may closely resemble Potts disease; but in hysterical spine there is usually great pain and sensitiveness on pressure on the spinous processes which is not the case in Potts' disease. There will also be present the other symptoms of hysteria, the "globus" and ovarian tenderness. Hysteria is uncommon in children.

Malignant disease, aneurism and meningeal tumours may present symptoms resembling spinal disease, but are very rare.

Chronic articular rheumatism causes some projection of the spine and often gives rise to considerable pain. There may be ankylosis but there is little muscular stiffness.

Perinephritis, appendicitis and sacro-iliac disease may cause a Psoas contraction resembling that of Potts' disease, but there is no projection of the back and the history will suffice to differentiate them.

#### TREATMENT.

In commencing the treatment we have to consider, perhaps, chiefly the ultimate deformity which is liable to occur, and the means best calculated to prevent or minimize that ultimate deformity will also be those best suited to relieve all the symptoms during the course of the disease. In disease of this region the usual ultimate deformity is a well-marked kyphosis or bending back of the spine at the seat of the disease. Above this point the spine bends sharply forward, and below it there is lordosis, or bowing forward of the spine. The shoulders are drawn forward but appear to be elevated owing to the sinking in of the upper part of the chest. The chest is pigeon-breasted, and as deep from back to front as it is laterally, and these changes which begin at the very commencement of the disease, continue to get more pronounced, not only during the active stage, but during the whole growing period, unless the increased pressure on the front of the bones and intervertebral discs is relieved and prevented by appropriate treatment and support.

In commencing to treat a case of this kind, rest in bed, combined with extension if necessary, should be used until all muscular spasm is overcome; but it is impossible to continue the treatment in bed through the entire time during which

deformity may increase as this includes the whole growing period. Some support must be used and it will be found that a steel brace made after the manner of the Taylor Brace will give very satisfactory results if carefully applied and kept under close observation.

This brace is made of two light but stiff steel bars running on either side of the spinous processes, padded opposite the seat of disease, connected with a pelvic band and two flexible steel strips coming over the shoulders with two or more cross bars at the upper portion. A well-padded strap goes from the termination of the shoulder-pieces round the front of the shoulder, and is buckled to one of the cross bars so as to hold the shoulders tightly back to the brace. An apron is fitted to the front of the body and buckled back to the brace in such a way as to draw back the abdomen when it is prominent and take a firm grip of the pelvis and upper part of the chest; thus the spine is held back to the bars of the brace above and below the seat of disease, and as much pressure put upon the diseased vertebrae as is consistent with the integrity of the skin. By this means many cases recover without deformity when the treatment has been begun early, and it is generally possible to limit the deformity to the amount present at the commencement of treatment.

Comparing this method with that by jackets of plaster of Paris, leather or poro-plastic felt, or any circular support, it will be seen that it has many advantages. All circular supports are more or less dirty and uncomfortable. They also tend to open at the top and bottom, so allowing the deformity to increase; anyone familiar with them must have noticed how loose they became after being applied a short time. In addition they are apt to make pressure over the spinous processes and so cause ulceration; this is a most frequent occurrence, however well applied. The steel bars of the Taylor Brace take their bearing on the transverse processes where pressure is much better borne; the seat of the disease is under observation at all times; the pressure can be placed just where it is wanted and regulated to a nicety by the attendant; the brace can be removed as often as desired without impairing its efficiency. Thus, the patient can be kept clean and comfortable.

Many steel spinal braces are made which depend

for their efficiency on crutches under the arm pits, taking their bearing from a pelvic band and are supposed to support the weight of the upper part of the trunk in this way. These are really a delusion to those using them and entirely inefficient. The axilla is so movable that no constant and thorough pressure can be made in this way, while a Taylor Brace takes a firm grip on the chest, pelvis and shoulders, and takes the weight off the bodies of the vertebræ, which alone are diseased and throws it on to the articular processes and posterior portion of the spinal column. Dr. Judson, of New York, in the *Medical Record*, of December 23rd, 1893, says that "he advocated the removal of the superincumbent weight from the diseased parts, and thought that was best accomplished by antero-posterior pressure or support which transfers the injurious weight from the diseased vertebral bodies to the articulating processes, which are sound and well able to bear the extra pressure.

When the spine is firmly fixed by this brace, it is surprising what relief is often experienced by the patient; the pressure on the diseased bodies being removed, the pain is relieved, the danger of paralysis lessened, and the formation of pus much decreased.

The importance of early and persistent treatment in these cases was deeply impressed on me by the examination a few days ago of a young person of seventeen, where no brace had been employed. The deformity was excessive, although the disease had not been very extensive and no abscess had ever formed. The lordosis which in this case was increased by flexion of both thighs, was so extreme as to make the sacrum form rather more than a right angle with the upper part of the lumbar region when the patient stood erect. And yet this result might have been entirely prevented by wearing a well-applied steel brace.

These remarks refer especially to patients who have intelligent parents or guardians. In very ignorant people who might remove the brace, it is better to use a plaster jacket.

While this brace may be considered the *best* method of treating disease of the middle region, its use is by no means confined to this region. It makes an excellent base on which to fasten a head-spring for disease of the upper region, and affords

as good support and fixation for disease of the lower region as any other, with all the advantages over jackets as to cleanliness, etc., already spoken of.

In conclusion, the importance of an early diagnosis is emphasized; thus only can deformity be prevented and here "an ounce of prevention is worth a pound of cure."

#### ELIMINATIVE AND ANTISEPTIC TREATMENT OF TYPHOID FEVER.

BY DR. W. B. THISTLE, TORONTO.

The symptoms generally are determined by the amount of poison in the body, and, in the case of different individuals, by a varying degree of susceptibility, or a varying degree of virulence in the poison itself. The local disturbance is determined by the quantity of the poison in contact with the tissues, to its degree of concentration, and to the length of time it remains in contact. It is by noting these facts regarding the toxine that one gets the key to the situation. Look, for example, at the case of the intestinal follicles; why is it that the tissues here suffer to such an extreme degree? Surely not from any selective action of the bacteria, but rather from the fact that the follicles are in close proximity to the main culture, and are surrounded by lymph sinuses into which empty the lacteal ducts of the surrounding villi. Each follicle is, in fact, the reservoir to which is conveyed both poison and bacteria absorbed from the intestine. The bacteria and poison carried to other parts of the body produce in a minor degree the same results. Molecular death is much increased wherever this poison is present, but as a rule ulceration takes place only in the intestinal nodes. The reason seems clear; the bacilli invading the follicle are at first precisely in the same position as a similar colony in like tissue in any other part of the body, and after having given rise to a certain degree of disturbance, would, as in the other situations, be overcome by the tissues, seldom giving rise to necrosis *en masse*. But the anatomical conditions being different, the lymph tissue in the intestinal follicles wages unequal war, since reinforcement both in the way of fresh bacilli and of poison absorbed from the intestine is constantly arriving, carried by the lacteals of the

surrounding villi, until, eventually, the poison becomes so concentrated that all resistance is overcome, and the follicle undergoes necrosis. The slow percolation of fluid through the follicles aids in their destruction, as it favours concentration and prolongs the period of contact.

As a corollary to this, it appears that ulceration of Peyer's patches is by no means an essential or necessary result of typhoid infection. For, if the base of supplies should be cut off, the bacteria already in the follicles might reasonably be expected to produce the same results, and disappear in the same manner as a like number of bacilli located in similar tissue in any other part of the body.

The treatment which I advocated in my first paper, and to which in the series of cases I have to report I adhered throughout, is based on this conception of the pathology of the disease. It consists, first, in eliminating as speedily as possible, both the main culture and toxine in the intestine, and also the poison held in solution in the body fluids throughout; second, in diluting as much as possible the toxine which is in contact with the tissues, and in that way controlling to some extent its destructive or irritant defects, and third, in the use of substances which will destroy the bacilli still remaining in the intestine, or retard their rate of multiplication.

Elimination is accomplished by securing free and thorough evacuation of the bowels daily by the use of purgatives. This daily purgation, as much as seems necessary, keeping in view the evidence of toxæmia, is continued until the temperature becomes normal. There can scarcely be doubt about the possibility of clearing the intestine of the bacteria and poison which it contains. Argument to prove that point seems scarcely necessary. Since the evacuations constantly contain bacteria, and of necessity their generated poison, it follows that purgation must result in elimination of both, and, if the process is constantly repeated, there is a continued disappearance of bacteria and poison, which would otherwise be absorbed and carried throughout the body. In fact, by the agency of purgatives there is a frequent withdrawal of an additional dose of poison, which in the absence of any such procedure must surely have gone to increase the amount already in the tissues. But purgatives do

much more than simply empty the intestine. They at the same time cause a copious flow into the bowel; by their use the body-fluids are drained into the intestine. The amount which can be drained off in this way is very great, and in order that we may have some idea of it, let us calculate on the basis of Lauder Brunton's experiment, by which he demonstrated that in four hours, by injecting a solution of magnesia sulphate, he was able to produce a secretion almost equal to one drachm to every square inch of intestine acted upon. But we scarcely need to enter into a calculation, as the amount of fluid which follows the exhibition of a cathartic is sufficient evidence. The important point is that the body-fluids from which this secretion is derived hold in solution both the poison which has been absorbed from the culture in the intestine and that produced by the bacilli located in the various tissues of the body.

There are many somewhat indirectly beneficial results to be obtained by free elimination. The weakness of typhoid patients, which is of the same nature as that of a drunken man, disappears or grows less, keeping pace to a great degree with the lessened toxæmia. In a similar way, anorexia, nausea, or inability to digest and assimilate food, in every case, in my experience, grows less and less if elimination is free and continually secured. My patients have in every instance been able to take large quantities of nourishment, and without difficulty. Owing to the improved capacity in this respect, while on the one hand large quantities of fluid are constantly drained off, on the other hand this fluid is replaced by a large quantity frequently ingested and assimilated. So exhaustion from the frequent and copious evacuations is prevented. We may say that an exchange has simply been made. The body-fluid with its contained poison is replaced by a like quantity without that element.

In addition to the large quantity of food taken, I invariably direct that the patient be given water in large quantities at frequent intervals, with the two-fold object of aiding the elimination of poison by its diuretic and flushing action on the kidneys, and of keeping up the volume of body-fluid. Thus concentration of poison is prevented, which must inevitably result if the ingestion of fluid does not keep pace with its withdrawal. By preventing this we are following the plain teaching of pathology,



since the destructive effect of the poison is increased in proportion to its concentration (Woodhead). This practice of dilution is inseparably connected with the practice of free and continuous elimination by purgation.

As to the other factor in the treatment, *i.e.*, the use of antiseptics, I hold it in light esteem when compared with elimination and dilution. Yet in all my cases I have used intestinal antiseptics, and I believe with a great deal of benefit. It seems to me that, if one can completely deodorize the intestinal contents by the use of salol, it must do this through its destructive action on the ordinary intestinal bacteria, and very likely will act in the same way on the germs of typhoid, if occupying the intestine. In this connection I should like to point out that much larger quantities of antiseptics can be used, if associated with free purgation, without their toxic effects arising, than if given alone.

Keeping in mind the pathology of the disease, let us first notice the question of perforation. This, of course, presupposes deep ulceration, a condition the occurrence of which in cases seen early, and where free elimination has been secured throughout, is directly opposed to the inferences of pathology. In cases seen early, and where elimination has been properly secured, we are not even confronted with this difficulty, and may proceed to purge as freely at a late as at an early stage of the disease in so far as the danger of perforation is concerned.

In dealing with this question I may be permitted to quote from my former paper: "Suppose the ulceration to be deep at the time the patient comes under observation, are we then to allow the caustic to continue in its work of cell destruction, or are we to attenuate and remove it in the way indicated? Certainly the latter plan seems the reasonable one to adopt. It is, however, objected that ulceration is, perhaps, so deep that any increase of movement, consequent on purgation, may cause rupture. Let us here notice what follows on the administration of a purgative medicine. There is increase of peristaltic movement; but here we must remember that we have made no radical change, but have simply increased the rate of existing movement. Also, at that portion of the intestine, purgatives act chiefly by virtue of their power to produce free

secretion. Consequently the process partakes largely of the nature of a flushing out. Not only does purgation not increase, but it can be proven that it actually diminishes the danger of perforation. It is obvious that the more the intestine is distended, the thinner those structures which form the floor of the ulcer become. Now this condition of distention is common in typhoid, and depends on paralysis of the intestinal muscles resulting from the action of the toxine on the nerve-centres. Hence, if by purgation the cause of the paralysis be got rid of, there is a return of muscular tone, which is the condition least favourable to the occurrence of perforation. Let us now turn to the question of hæmorrhage. Hæmorrhage can, of course, only occur from a vessel laid bare by the process of ulceration. At the outset, I should like to draw attention to two facts touching arterial hæmorrhage. Gowers, speaking of the pathology of cerebral hæmorrhage, says: 'The force that ruptures an artery is the pressure of the blood within it.' And again, 'healthy veins may give way under extreme pressure, but arteries do so seldom, perhaps never.' Accepting these statements, then, and applying them to typhoid fever, we have the two factors in the production of hæmorrhage—the toxine corrodes the arterial wall, the blood-pressure ruptures it. If we remove the toxine from contact with the vessel, and diminish the intensity of its action, we certainly, as in the case of the intestinal follicle, limit the extent of damage to the vessel-wall. But it is claimed that increase of movement in the intestinal wall may cause laceration of the exposed artery. In other words, we are asked to believe that a vessel whose wall is so fragile that it may be broken by the slight increase of vibratory movement in the membrane in which it is lodged, is at the same time, if freed from this extra movement, capable of sustaining the blood pressure. Then, again, is it really a fact that increase of movement in the intestine involves strain upon the vessel which ramifies in its wall?"

In connection with the application of the principle of elimination there are several minor questions. First, in the event of the presence of diarrhoea, are purgatives indicated? The occurrence of diarrhoea must be a response to some irritant, and, if it continues, and is associated with evidence of toxæmia, we cannot infer that there is

complete elimination of the exciting cause. In short, we simply follow the practice so general in, for example, either the symptomatic, or mycotic diarrhœas of children, and control the diarrhœa by giving a purgative. Because there are several watery stools in a day, it by no means follows that sufficient elimination is being secured, for the flow may be simply from the lower bowel, leaving the contents of the ileum untouched. Supporting this view is the fact that the diarrhœa is so often associated with indications of pronounced toxæmia. With reference to this very point, a recent case is of interest. There was persistent diarrhœa during the second week, associated with tympanitis, elevated temperature, and intense headache. Attempts had been made to control the flux by opiates, etc., but without success. The movements were as many as fifteen and sixteen per day. I advised three grains of calomel and asked the physician in attendance to note well the character of the motions which followed. He did so and reported the passage of an unusually large and extremely offensive stool, together with a large quantity of a jelly-like substance. Subsequently there was cessation of the diarrhœa and marked improvement in every respect. The purgative was repeated, and the patient became shortly convalescent. Second, is there danger of exhaustion from frequent and prolonged purgation? I have already pointed out that if patients are relieved from the poison, the appetite and power of assimilating food remain good. It is quite common to have patients take sixty ounces of nutritious food daily in addition to large quantities of water. I have, in practice, experienced no trouble whatever from exhaustion following upon purgation.

I have now to report twenty-nine new cases, making in all forty-two consecutive cases. In the second series the treatment was practically the same as in the cases reported last year, with the exception that I gave myself more liberty in the choice of purgatives. I have used calomel, magnesia sulph., pil. cath. co. U. S. P., Rochelle salts, pulv. sedlitz, and cascara sagrada. Purgation begun vigorously and continued until the temperature became normal, was the rule of treatment. It was also considered important to secure elimination as quickly as possible. I do not wait until next day; but a few hours after having given calo-

mel or pil. cath. co., followed by pulv. sedlitz, excite the reflex by a glycerine enema. I have not noticed any difference in the effects produced by the different purgatives. It is in many cases impossible to keep up purgation by the use of calomel alone. But, if the dose of calomel be followed in two or three hours by a sedlitz powder, there is usually no difficulty. Occasionally the gums become sore, and it becomes advisable to substitute pil. cath. co. or magnesia sulph. for calomel, or, if but slight results are desired, a drachm of elixir sagrada may be given. In looking over my charts, I find that five or six movements per day in response to purgatives have been about the rule until the symptoms somewhat abated, when purgatives were reduced to produce three or four movements. But if there were any aggravation of the symptoms, freer elimination was induced as quickly as possible, for I considered time an important element in this treatment. Salol has been given in nearly all cases in five or ten grain doses every three or four hours. With every capsule or powder, the patient was instructed to take a large draught of water.

Of these forty-two cases several were furnished by medical friends who were good enough to give the plan a trial. A number of these were, however, treated under my direction. The list includes hospital and private patients, perhaps a majority of the latter.

*Analysis of the Cases.*—Cases came under observation on an average on the fifth day. I have no fatalities to record. Average attainment of normal temperature and entrance on convalescence on the twelfth day. Relapse or recrudescence occurred in three cases. No hæmorrhage. No perforation.

Delirium occurred in only one case—a little girl—while under treatment, and where present when patient came under treatment, very shortly disappeared.

Tympanitis in no case occurred during the course of treatment; and where present, when the patient was first seen, very quickly disappeared.

In fifteen cases rash was noted. In seven cases spots were present on the abdomen when the temperature was normal, and convalescence had begun. Bathing was had recourse to only for the purpose of cleanliness. Routine sponging once or twice a



day; but in my own cases never required for the reduction of temperature.

*Remarks.*—Forty consecutive cases of typhoid fever, without death or accident of any kind, is an extremely good result. And, when we consider the duration of the fever and the comfort of the patient, instead of the usual distressing symptoms, this record is without a parallel, I believe, from any system of treatment. The fact that, in seven of this series of cases, the rash, perfectly typical, was coincident with normal temperature and convalescence, surely proves that typhoid fever can be aborted.—*New York Medical Record.*

---

### Meetings of Medical Societies.

---

There is every probability of a great medical meeting in St. John, N.B., in the coming autumn. Strange as it may seem, the Canadian Medical Association, the Maritime Medical Association, and the New Brunswick Medical Society have all arranged to hold their annual meetings in St. John during this present year. Surely that city is a favourite, as well as a favoured spot. It was thought well if all these meetings could be held about the same time, and the local committees of arrangements met conjointly to discuss the matter. The *Maritime Medical News* says: "They approved of the plan of holding these meetings about the same date, and suggested that formal meetings of the Maritime Medical Association and the New Brunswick Medical Society be held at the regular fixed dates, to adjourn immediately without conducting further business to the middle of September, when the Canadian Medical Association meets. The St. John Medical Society also approves of this scheme."

If this plan can be successfully carried out, the gathering will be one of the most successful medical meetings that have been held in the Dominion for years. We hope that if any difficulties present themselves they will be readily overcome. If the men in the Western part of the Dominion are sure of a large gathering from the Eastern part, it will certainly stimulate them to make an effort to attend. Each province being well represented, the gathering must necessarily be large, the meeting enthusiastic, and the result an enormous

amount of good to the profession of the Dominion.

The Ontario Medical Association meets on June 7th and 8th next. There will probably be a large attendance.

A meeting of the Medical Association of Territorial Division No. 7 (late Burlington and Home), was held at the Royal Hotel, in the city of Hamilton, on Thursday, February 8th ult., Dr. Miller, the territorial representative, occupied the chair. There were present: Drs. Aikens, Anderson, Abraham, Baugh, Cockburn, Gaviller, Gowland, Griffin, Heggie, Jones, Lafferty, Lackner, Malloch, Methereil, Mullin, McCargow, McKelcan, O'Reilly, Philp, Rennie, Russell, Shaw, Stark, Storms, Wardell, White, Wilson, A. Wolverton, F. E. Wolverton, Wood.

On motion of Dr. Mullin, seconded by Dr. Shaw, Dr. Wilson was appointed secretary.

The notice calling the meeting having been read, Dr. Russell stated that a tariff of fees for the rural districts of the Territorial Division had been prepared and printed when he represented the division in the Council, but it had not been distributed.

During the discussion as to the propriety of nominating a candidate or candidates for the representation of the division in the next Medical Council, Dr. Heggie, sr., of Brampton, announced himself a candidate. He had waited to see one nominated from Halton—which was her right, because that county had never sent a representative to the Medical Council—and failing such a nomination he thought that Peel should supply a candidate. He therefore tendered his services, and if elected would devote his best energies to the representation of Division No. 7 at the next Medical Council.

It was then moved by Dr. Malloch, seconded by Dr. Mullin,—

*Resolved,* That inasmuch as the action of the Legislative Assembly, by statute, has altered the complexion of the Medical Council by making provision for an increase in its territorial representation and by limiting to the members elected by the territorial divisions the question of taxing the general profession, and that with the present debt which will be increased by delay, this meeting is



of the opinion that the Medical Council would do the right and proper thing by making arrangements for a general election, to be held at such a time as to enable the new council to meet in accordance with the statute in June next, and that a copy of this resolution be sent to the President of the Medical Council. Carried.

Dr. Mullin had heard that Dr. Griffin was a candidate, and that Dr. Shaw was also in the field. He would ask Dr. Heggie if there was a marked feeling in Peel and Halton that a candidate should be chosen from either of these counties?

Dr. Heggie said it was understood at last election that the honour of representing the division should be given next time to either Halton or Peel.

Dr. Metherell asked that as the present meeting was a large one, candidates state their views as to past conduct of Council, and on questions which may come before next council.

Dr. Heggie in response stated that not having taken up the case of either the Council or the Defence Association, he would occupy an independent position. He has no fault to find with present representation of the division.

Dr. O'Reilly presented four questions as follows:—1st. Club practice. 2nd. Dominion registration. 3rd. University representation. 4th. As to raising standard of education.

Dr. Heggie in reply said that he was not in favour of club practice, had steadily refused it, and could not see that the Council had anything to do with it, because he looked upon it as a question to be settled each man for himself. He was in favour of Dominion registration as soon as curricula of different provinces could be assimilated. Believed that only universities doing medical teaching should be represented—thought that other bodies should not be represented—in the Council. He was in favour of keeping up a high standard of education. Many students were deficient in English. He favoured a better preliminary education. The matriculation standard should be maintained. He believed that the professional examinations were now more practical than formerly and were severe enough. Would rather not do personal canvassing.

Dr. Griffin said that he had been requested by some medical friends to be a candidate. He had

consented and a nomination paper had been presented to a few on his behalf. He like Dr. Heggie was opposed to personal canvassing, believing it beneath the dignity of a medical man to button-hole others for their votes. When I heard that Dr. Shaw was a candidate, and had already canvassed, I decided not to be a candidate, if to be successful I must make a personal canvass. I need not discuss the questions now before the meeting because I have decided to withdraw my candidature.

Dr. Shaw was much pleased with the remarks of the two gentlemen who had preceded him. It was not his desire to be a candidate because his hands were already full.

With reference to the questions proposed, I may say that I disapprove of physicians doing club practice. Dominion registration is a difficult question to deal with. A committee composed of representatives from several councils and licensing bodies have met and considered the question, and yet nothing definite has been accomplished, because the curricula differ. I believe it would be beneficial, but I fear that a length of time will elapse before it is an accomplished fact.

I hold that all representatives should be elected—time has passed when they should be appointed. Members of Medical Council should all be elected, and should be fewer in number than now. I would respect rights of universities. The curriculum is now higher than formerly; it should be framed, not in the interests of the profession, but of the people. Preliminary education should be required, and the standard of the final examinations should be maintained.

On motion the meeting adjourned.

#### OTTAWA CLINICAL SOCIETY.

The meeting of this society was held in the City Hall, on Friday evening, March 2nd, the President, Dr. Bell, in the chair.

Dr. Robinson read the following case report. (See Original Communications, page 275.)

The discussion which followed was both interesting and lively, and elicited much valuable information.

The election of officers for the ensuing year was then proceeded with, and resulted as follows:

President, Dr. Clarence Church ; 1st Vice-President, Dr. George Baptie ; 2nd Vice-President, Dr. S. P. Cooke ; 3rd Vice-President, Dr. J. F. Kidd ; Secretary, Dr. J. L. Chalot ; Treasurer, Dr. Wm. Janson ; Curator, Dr. Wm. Klock ; Librarian, Dr. R. P. Robinson ; Council, Drs. Hurdman, Hanna, Kennedy, Dewar and Freeland.

The retiring President, Dr. Bell, then delivered his farewell address to the members of the Society.

GENTLEMEN,—My term of office as President of this society having expired, I have the honour to resign my office to one whom I know will do it honour.

In regard to the meetings and their discussions, I cannot think that there is anything to regret, or that any member can look back upon the meetings of the past year with any other feeling than that of satisfaction. Whatever may have been the intrinsic value of the papers and topics laid before you, the discussions have been carried on in a fair and earnest spirit of enquiry, and all have evinced a determination to advance the cause of medical science. Thus the meetings have been a source of general enjoyment and improvement. For myself, I can only add that they have afforded me unmixed pleasure. The convictions of my own mind are that, as a society, we have not met in vain. Our aspirations have been practically directed to the consideration of subjects calculated to alleviate human suffering, assisting one another by our observations on the symptoms and treatment of disease.

We are now about to commence the work of another year, and in doing so I think I may justly congratulate you on the success of the first year of our society's existence. The past year has been quite a successful one, owing to the practical nature of the papers that were read, and I feel sure that if we endeavour still to keep up the same character in the papers and discussions brought forward during the coming year, we shall find the gain in knowledge great, and its acquisition pleasant and agreeable.

I should like to call your attention very forcibly to the need of acquiring a more accurate knowledge in the therapeutic art of our profession ; this branch of knowledge would be of great value and interest at our society's meetings. Yet I am sorry to say, among the various good and clever contri-

butions of the year past, there has not been one that deals expressly with the value or means of using any single medicine. We, as a profession, have every motive to induce us to prosecute our investigations vigorously. Our best feelings must be stirred when we see the mass of human misery that can be alleviated by no human power, but by that which may be gained by the exercise and increase of our knowledge. Our fair ambition for personal success should be excited by the opportunities for scientific contest which our discussions will offer, and which can never be too earnest, so long as they are consistent with professional honour and mutual good-will, and the unswerving love of truth. We should be careful to foster all that relates to the scientific character of our profession. Then will medicine have its due position. There is no royal road to this consummation. The free and full cultivation of the physical sciences will give the death-blow to empiricism, and give a clear and just estimate of the practice of medicine.

Medicine is necessarily likened to the present condition of science. Gentlemen, it is in advance of pure science, inasmuch as it clinically observes as facts some things which science has not yet fully explained ; and it believes with strong conviction what can at present be neither demonstrated nor ignored. Science claims exactness to which medicine cannot in all cases pretend. Medicine has from remote times been considered an art, and as such distinguished from science. Medicine simply considered as an art now depends on accurate experiment, on clear observation and direct logical induction therefrom ; if this be true, then medicine as an art cannot always go hand in hand with medicine as a science. Emergencies constantly arise before the physician, and he cannot wait to act till science has established certain absolute and fixed conclusions leading him to act with promptitude. Thus the physician decides first clinically, and puts together afterwards the reasons for his decisions in logical arrangement, and thus he abandons the order observed in pure science.

In bygone ages, the father of medicine, Hippocrates, had to vindicate and guard the study of medicine and disease from the inroads of superstition : at the present day, we, his disciples, have to protect it against the assaults on the side of



science, and against—the present curse of the profession—the pharmaceutical chemists who prepare the dose and request you to administer it for their glorification and profit. We must take care lest we betray our trust by adopting a too scientific standard; and from the chemists and compounders, by sticking to the contents (as near as we can) of the pharmacopœia, and by writing an intelligent prescription from its contents.

Investigations, anatomical, pathological and sanitary, have been of very great interest; physiology and physiological chemistry have given to medical thought a more strict and scientific character than it ever had before. But the confession to be made is, that in proportion as it has become more scientific it has become less medical. And this should rightly remind us that neither the study of anatomy nor that of pathology is the chief end of medicine. Neither is the prevention of disease the chief end of State medicine. Drugs have been administered on the vaguest principles, and the administration, of course, has only yielded vague results, and the prevalent want of faith in therapeutical medicine is that it has been neglected by those who should have got definite results from the study of it. Never have inquiries and investigations been prosecuted before in the history of our art as in the last ten years, never such wealth of scientific appliances in every country, by men of different culture and thought.

Looking forward to the future of our art, it is marching forward under steady, intelligent, honest investigation, searching after the means by which disease may be lightened or cured—marching slowly, it may be, but built on a solid foundation of careful, patient, unwearied observation, always advancing, ever gaining truer conceptions of health and disease, and a deeper insight into their nature, building up a structure of knowledge with fuller, wider and more comprehensive views. It is in this way that real and permanent advances are to be made, and that our profession may hope to pursue an uninterrupted career of usefulness.

Once more let me say—although knowledge of the principles of medicine and surgery is essential to sound practice, it is not sufficient. You have to acquire the art—the clinical art—of applying these principles to the investigation and management of disease and injury. Professional knowl-

edge is the weapon with which you will combat disease; your successes depend not so much on the weapons with which you are armed, as upon the skill with which you use them. Professional knowledge is necessary. A man is good for nothing without it. But it is not everything. Something beyond this is required, gentlemen—skill to use it.

Gentlemen, the sand of my hour-glass as your President has nearly run out, but before my presidential existence terminates I must say a few words in farewell. Most sincerely I thank you all for the kindness and assistance I have met with in the performance of my official duties. Those duties have been most interesting, and now when I subside again into the ordinary member, I trust that I may still be able to promote the object for which our society was inaugurated.

Wishing you and the Clinical Society all possible prosperity, allow me, gentlemen, before I retire, to state I shall always consider the honour of being elected your first President as one of the most pleasant events of my life.

A hearty vote of thanks was passed to the retiring President, on the motion of Dr. Chalot, seconded by Dr. Janson.

It was then moved and unanimously resolved, that the minutes of the meeting be sent to the *ONTARIO MEDICAL JOURNAL* for publication.

---

### Correspondence.

---

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

---

#### DR. McLAUGHLIN'S REPLY.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—In your résumé of the history of the real estate dealings of the Council, you have called special attention to my name in a manner calculated to lead some to believe that I was, when a member of the Council, a consenting party to the policy of constructing the buildings on Bay Street. In order to correct this erroneous impression on your part, and also on the part of your comrades in the Council, I crave your indulgence that I may present what I believe to be the views of the profession throughout this province.

During the twelve years I occupied a seat in the



Parliament of this province, I observed with what jealous care the Legislature constructed Acts of incorporation, so as to prevent all corporate bodies from operating financially beyond their legitimate functions. Over no portions of those Acts was greater vigilance exercised, than those calculated to prevent corporations from engaging in any undertaking outside the objects for which they were incorporated. Hence to the Law Society the following limiting clause was given: "The Treasurer and benchers . . . may purchase, take, possess, . . . sell, lease, or depart with any lands, tenements, or hereditaments, for the purposes of the said society, but for no other purpose." The pharmacists were circumscribed by the following: "The Ontario College of Pharmacy shall have power to acquire and hold real estate . . . and may erect buildings for the purpose of accommodating lecturers in chemistry, or pharmacy, or for a library, pharmaceutical museum, or specimen room for the use of the members and associates of the College." In our own Act we find these clearly and sharply defined words: The College of Physicians and Surgeons are made a body corporate "with power to acquire, hold, and dispose of chattel property and real estate *for the purposes of this Act.*" What were "the purposes of this Act"? They were, 1st, determining the curriculum; 2nd, conducting examinations; and 3rd, making registrations. Beyond these purposes no power whatever was given for financial operations. With these facts and a sharply defined law before them, I charge the Council with a deliberate violation of the law when they stepped into the arena of real estate speculation, for the purpose of speculation. This is the crucial point at issue between the profession and the Council, so far as real estate is concerned. I have yet to learn that even a small fraction of the profession ever has, or does object to the Council having a local habitation of its own for purely medical purposes. By all means let us have such a building, judiciously and economically constructed. These were the views I entertained when in the Council in 1879, and I still adhere to them. But when the Council began to put bricks and mortar together in the construction of rooms for the purpose of renting to lawyers, undertakers, pawnbrokers, etc., they set the law at defiance and broke down the barriers so carefully

placed around them by the Legislature. Here the Medical Defence Association, and I believe the whole profession, enter their emphatic protest. Is there a member of the profession who does not feel humiliated that he has been dragged at the heels of the Council into the ring of real estate speculators of the city of Toronto? Who in his wildest freaks of fancy could imagine the benchers of the Law Society purchasing a block of land, and erecting buildings thereon to rent to any "Tom, Dick or Harry," and thus become common speculators? But what is the result of this adventure of the Council? The usual result of 'prentice-hand speculation—a huge building, "Rooms to Rent," and annual deficits every year since the construction of the building. I subjoin the following tabulated statement, which will show at a glance the fruits of this disastrous blunder of the Council. The annual cost of the building includes the cost of maintenance, and the interest on the \$60,000 mortgage at 5 per cent.

BUILDING SPECULATION ACCOUNT.

YEAR.	MAINTEN- ANCE.	INTEREST.	TOTAL COST.	RECEIPTS.	DEFICITS.
1888-89	\$1,930 36	\$3,000 00	\$4,930 36	\$1,853 45	\$3,076 91
1889-90	3,317 46	3,000 00	6,317 46	3,888 91	2,428 55
1890-91	3,817 48	3,000 00	6,817 48	4,060 72	2,756 76
1891-92	4,510 03	3,000 00	7,510 03	4,097 34	3,412 69
1892-93	3,490 36	3,000 00	6,490 36	3,618 21	2,872 15
Totals	\$17,065 69	\$15,000 00	\$32,065 69	\$17,548 63	\$14,577 06

These figures prove that in five years the Council's speculation has cost the profession, above all receipts from the building, \$14,577.06, or within a fraction of \$3,000 of an annual deficit. But you, Sir, and your comrades in the Council, will say this calculation is not fair, for in it there is no allowance for the accommodation the Council and the profession have in the building. But you must remember that, in addition to the \$60,000 supplied by mortgage, the Council put into the building \$28,000 cash, which at 5 per cent. would be an annual allowance of \$1,400. And there is more than this, for the deficit of \$14,577 is a just charge against the building, and this amount at 5 per cent. would yield \$725 per annum in addition to the \$1,400, or a total of \$2,125. In his address to the Council, President Williams, in 1892, said \$750 was the amount of rents paid in the year prior to the occupancy of the building, and put this sum into his statement of receipts. I am allow-

ing three times this sum, and am surely not only fair but generous.

### Book Notices.

But the profession is called on to grapple with a most serious difficulty. What is to be done with this monument of the Council's folly? Shall we wait for that Utopian day to which the Council is looking forward, when the deficit is to disappear and the surplus take its place? Then may we wait to the crack o' doom, for the receipts of last year were less than for any of the three previous years, and nearly \$500 less than in 1892. What is to be done? First of all, I say, let the profession be put once more in harmony with the law. To the Council I say, come out of the ring of speculators and restore the respect and dignity of the profession. The Council places the cost of the site and building at \$88,000—\$28,000 of the profession's money has been put into the building, and the balance is covered by a mortgage of \$60,000. A short time ago the President of the Council said they could realize for this property \$100,000. Then I say, "realize." Nay I go further: if the Council can do no better, sell for \$88,000, what it cost, and with the balance above the mortgage, secure a site among the colleges in the park, and erect a building for "the purposes of this Act." If the balance is not sufficient for this purpose, then economize, and husband the resources of the College until such time as they would be adequate. By pursuing this course, we bring ourselves within the limit assigned us by the Legislature, we rid ourselves of annual deficits, and restore the honour and dignity of our profession.

To the Council which has initiated and carried on this speculation, there is a serious question for consideration. When a municipal council makes an expenditure without the sanction of law, the members of the Council become personally responsible, and can be compelled to refund the money out of their own pockets. The Medical Council has expended large sums of money without the sanction of law, why should they not also be individually held responsible?

With your kind permission, Mr. Editor, I desire in a subsequent letter to discuss other matters in dispute between the profession and the Council.

Yours, etc.,

J. W. McLAUGHLIN.

Bowmanville, March 10th, 1894.

*The Popular Science Monthly*, for March, contains the following very interesting list of papers, two of which, the "Sketch of Jean Martin Charcot," and "The Action of Massage upon the Muscles," are specially adapted for medical men's reading: (1) "Abolish all Prohibitive Liquor Laws," by Appleton Morgan; (2) "Industries of Animals," by Frédéric Houssay (illustrated); (3) "The Origin of Right-handedness," by Prof. J. Mark Baldwin; (4) "Fossil Man," by John G. Rothermel (illustrated); (5) "Professor Tyndall," by Prof. Thomas H. Huxley; (6) "The European Law of Torture," by Amherst W. Barber; (7) "Customs and Superstitions of the Mayas," by Mrs. A. D. Le Plongeon (illustrated); (8) "Biology and Ethics," by Sir James C. Browne, M.D., F.R.S.; (9) "The Action of Massage upon the Muscles," by D. Graham, M.D.; (10) "The Ice Age and its Work," I., by A. R. Wallace, F.R.S.; (11) "The Founder of the First Scientific Journal," by M. J. Boyer; (12) "Sketch of Jean Martin Charcot" (with portrait). Toronto University men will read with interest "The Origin of Right-handedness," by their old Professor, J. M. Baldwin, in which he bases his theories on experiments carried out with one of his own children. Colour, evidently, is a strong force in determining this.

*Operative Surgery.* By TH. KOCHER, M.D., Professor at Chicago University and Demonstrator of the Surgical Clinics at the Berne University. With 163 illustrations. New York: William Wood & Co. 1894.

This book will be of immense value to the surgeon on account of its condensed form, and the ease that he will experience in refreshing his mind before an operation. The author states in his introduction it is not his intention to swell the number of excellent text-books on operative surgery by another more explicit one, but to give the briefest possible directions for a rapid posting on an operation to be performed.

Part I. treats of anæsthesia, general treatment of wounds, and the selection of the direction of incisions.

Part II. is devoted to special operations (Incisions). In this part instruction is given for reaching

any artery, nerve, etc., throughout the body; the lines of incision for all known operations are also given.

In Part III. the excisions are taken up, and in Part IV. the amputations and exarticulations. The book is well supplied with 163 illustrations. The style of the author is good, and the book admirably written. We would advise all surgeons to add this work to their libraries.

---

*The Year-Book of Treatment for 1894.* A critical review for practitioners of medicine and surgery. Lea Bros. & Co., Philadelphia.

The work this year more than keeps up the already high standard set by its predecessors. The new things in both departments of general medicine and in all specialties are well brought up, the same line being followed up as heretofore.

Two new chapters are added: Medical Diseases of Children, giving good points, especially on infant feeding, a subject which should be much better understood than it is; and Bacteriology, that young child of science which is such an important factor in the study of etiology of disease. The book should be in the hands of every progressive practitioner.

---

*Sprains: Their Consequences and Treatment.* By C. W. MANSELL MOULLIN, M.A., M.D., Oxon. F.R.C.S., Surgeon and Lecturer on Physiology at London Hospital; Late Hunterian Professor at the Royal College of Surgeons; Radcliffe Travelling Fellow, and Fellow of Pembroke College, Oxford. Second Edition, 1894. Price, 4/6. H. K. Lewis, London.

The author has made a neat division of this small work, on a subject so interesting, into two parts—general and special.

Part I. treats of the structure of the joints, and influences of age, exercise and prolonged rest; the nature of sprains in general and the consequences; their general treatment. In this last he goes fully into the use of cold, heat, and compression, giving the first the preference, as he shows directly that heat acts the same way with much less good. He laughs at the often-tried way of putting a cold wet bandage on a joint, and strongly urges either douching or immersion. A set of Leiter's coils or icepack on the part is recommended.

Part II. deals with sprains in detail, going through each joint very exhaustively. Like all this publisher's books the get-up is excellent, and the work can be strongly recommended as an addition to any medical man's library.

---

*Belladonna: A Study of its History, Action and Uses in Medicine.* Translations, Abstracts, and Therapeutic Index from leading authors. Edited by F. B. KILMER. Illustrated. New York: Johnson & Johnson, Publishers. 1894.

This little work gives a very thorough account of the history, action and uses in medicine of Belladonna. It, from a therapeutic standpoint, is well worth a perusal.

---

*A Text-Book of the Theory and Practice of Medicine, by American Teachers.* Edited by WM. PEPPER, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine, and of Clinical Medicine in the University of Pennsylvania. In two vols. Illustrated. Philadelphia: W. B. Saunders. 1894. Price, cloth, \$5.

This volume of a classic work is now in our hands. As far as publishing goes, the work is everything that could be desired. Good paper, clean print, excellent illustrations and handsome binding. Even if the contents were of no account, the publishers should certainly be highly congratulated on their part of the work. But on opening and reading the book we find that the contents surpass even the get-up in value, being worthy of the name of the editor in every sense.

This is not a publication for absolute beginners, details being wanting in the methods of treatment, yet as a book of reference—even a reading work for the practitioner—its value cannot be surpassed. In speaking of a drug it is unnecessary to mention dosage and such like for experienced readers, and the authors have evidently recognized this fact. There is one thing particularly to be admired in the treatment in our opinion: all of these new-fangled drugs—long mixtures, proprietary and otherwise—are religiously left alone, the success of the work in this part being rightly left to the knowledge of therapeutics shown by the different writers. Not to criticize but simply to question, there is one point in Lobar Pneumonia, by Francis Delafield, which seems puzzling. Speaking of the early stages he says, "As there is no



fibrin yet on the pleura, there is no crepitant râle, he having before given the sub-crepitant râle a place from the inflammatory products in the bronchi."

This new edition should be taken up by the profession if they wish an authority. Dr. Wm. Pepper is strongly "en evidence," having written 325 pages in this volume, and 200 in Volume I. Dr. Wm. Osler, well known in Canada, gives us Diseases of the Blood. Delafield, Wilson, Holland, Lyman, etc., treat of their various specialties.

*A Manual of Practical Hygiene.* Designed for Sanitary and Health Officers, Practitioners and Students of Medicine. By W. M. L. COPLIN, M.D., Adjunct Professor of Hygiene at Jefferson Medical College, etc., and D. BEVAN, M.D., Instructor in Hygiene at Jefferson Medical College, etc. Octavo, 441 pp., and index. Philadelphia: P. Blakiston, Son & Co., 1893.

While the classic work of Parkes will long remain the great treasure-house of information in regard to hygiene and kindred subjects, this work will fill a very important place as a text-book on the subject from an American standpoint. The various subjects, water, air, food, habitations, etc., have been thoroughly gone into, each one receiving the consideration its importance merits—one main idea being carried through the whole, *i.e.*, the causes of diseases, their modes of ingress, and the available means for their prevention. The authors are both practical workers in the bacteriological laboratory and teachers of hygiene, and are therefore, enabled to give in concise and correct form the essential features of all microbes now known to be actually connected with diseases in man. The publishers have done their work well, and the work deserves an honoured place among those dealing with its important subject.

*Treatment of the Diseases of the Stomach and Intestines.* By DR. ALBERT MATHIEU, Physician to the Paris Hospitals. Wm. Wood & Co., New York. Medical Practitioners' Library. 1894.

It may be a mistake to be attracted to a volume by its appearance, with regard to its binding, print and paper, but it is an incontrovertible fact that the manner in which a work is published bears a certain amount of weight with the reader. So this

small volume immediately attracts the eye, and on examination its contents bear out the recommendation recommended by its binding. Dr. Mathieu has given us a general summary of the therapeutics of the diseases of the stomach and intestines, and in doing so has divided his work into three parts.

Part I. is on Technique in Diagnosis, showing us the different methods of examination of the abdomen, the chemical analysis and the study of the excreta being peculiarly complete and withal simple.

Part II. deals entirely with Dietetics with a short dissertation on milk, digestively and chemically, if we may use the words.

Part III. deals with the treatment of the principal chemical forms of dyspepsia and the most common symptoms of gastro-intestinal diseases. Hyperchlorhydria, neuro-motor dyspepsia, dilatation of the stomach and all other forms are exhaustively treated. The chapter on gastro-intestinal antiseptics is valuable—the action of salicylate of bismuth and magnesia, salol bétol and eucalyptol being given with the indications for their use. He taboos altogether the use of naphthalin and mercury sulphide on account of the vesical irritation of the former and the danger of poisoning by the accumulation of the latter.

All told, the work is one to be prized and digested.

*Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual.* By CH. BOUCHARD, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a Preface, by THOMAS OLIVER, M.A., M.D., F.R.C.P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Examiner in Physiology, Conjoint Board of England. In one octavo volume; 302 pages. Extra cloth, \$1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Bouchard deals in his "Auto-Intoxication," with subjects of every-day interest to the medical practitioner. Many of the facts therein alluded to can no longer be ignored. Putrefactive processes in the intestinal canal and the development of physiological and pathological alkaloids play an exceedingly important part in many diseased processes until lately unknown or misunderstood. These

lectures may, therefore, be regarded as an inquiry into the operation of poisons introduced from without or generated within the body of man, and the part they play in health and disease. They deal with derangements of the digestive tract and its toxins, with diseases of liver and of the kidneys, paying special attention to the pathogenesis of uræmia, with typhoid and cholera, etc.

Amid this scientific study of the poisons of disease and their origin, much valuable information is given as to the therapeutics of the various diseases dealt with. It is only when the poisons of a disease, their origin and action are known, that the treatment becomes intelligible.

The work is a most valuable one to every physician.

#### PAMPHLETS RECEIVED.

*The Absorption of Immature Cataract, with Restoration of Vision.* By J. HOBART EGBERT, A.M., M.D., Ph.D., Surgeon-in-Chief Hampshire Eye and Ear Infirmary; Late Professor Ophthalmology and Otolaryngology, American Medical College, St. Louis, Mo., and Dean of the St. Louis Ophthalmic and Aural Institute, etc., etc.

## AN EPITOME

OF

## CURRENT MEDICAL LITERATURE.

### MEDICINE.

**Pathology of Scarlet Fever.**—Bergé (*Union Méd.*, December 30th, 1893) considers scarlet fever a local infection due to the streptococcus. These organisms are cultivated in the crypts of the tonsils, and there secrete a toxin, the diffusion of which throughout the organism produces the cutaneous and mucous eruptions. Puerperal and traumatic scarlet fever result from local infection of the uterine surface, or various other mucous or cutaneous surfaces, by the streptococcus. These conclusions were based on the following facts: The scarlet fever eruption follows the affection of the tonsils; the existence of scarlet fever with eruption in which the tonsillitis and its specific complications are the only affections; the constancy of the streptococcus in the tonsillitis of

scarlet fever; the streptococcal nature of the complications of scarlet fever; the relation of scarlet fever to puerperal infection; and, lastly, the ease with which the erythema-producing properties of the streptococcus can be demonstrated.

**Pneumonia in Gout.**—Grube (*Deut. med. Woch.*, November 23rd, 1893) discusses the question as to whether the pneumonia sometimes seen in gout has anything specific in its character. He relates two cases occurring in patients who had suffered from typical gout. The onset of the pneumonia was sudden, and there was pain in the side, with slight fever, and the physical signs of consolidation at the left base. After some three days an attack of gout supervened, and the symptoms and physical signs of the pneumonia rapidly disappeared. The author thinks it possible that the uric acid may act as a chemical poison to the lung tissue, and thus call forth the inflammation.

**Chloroform in Sticks.**—Such is a rather startling suggestion, but according to the *British and Colonial Druggist*, not altogether impossible of accomplishment. It seems Anschütz, of Berlin, has discovered solid compounds of chloroform from which the fluid chloroform or chloroform vapour can be sufficiently easily extracted to permit of use for anæsthetic purposes.

**Chlorate of Soda in the Treatment of Cancer of the Stomach.**—M. Brissaud has made use of the soda salt, which is more soluble than the potash and at the same time much less toxic. The daily dose has been from two to four drachms, without, however, exceeding the latter amount in the twenty-four hours. In several undeniable cases of cancer of the stomach the relief has been striking. In the five cases the patients are entirely cured, apparently, under this treatment, which has suppressed the melæna and the hæmatemesis; the appetite has returned, the cachexia has disappeared, and in three cases in which an appreciable epigastric tumour existed, this has disappeared in about six weeks. In forms that are epitheliomatous in their nature, this treatment seems to be successful; in others the sarcomatous or of the interstitial variety, the treatment

is unsuccessful. The same result is likely to follow in generalized cancer, and in conditions in which treatment can have no influence. One case is cited where failure was observed; the liver was involved before treatment was begun. Of the latter, one death from phlebitis of the vena cava is an example. Since no notable elimination of this remedy has been observed after its administration, it is probably decomposed in the organism.—*La Mercredi Médical*, 1893, No. 35, p. 417.—*Am. Jour. Med. Sciences*.

**Nitro-Glycerin for Vomiting.**—A contributor to the *British Medical Journal* recommends nitro-glycerin as the most positive remedy for controlling vomiting he has ever employed. He has found it will control all forms of vomiting of gastric catarrh, and in alcoholism it acted almost as a specific. It also proved useful in controlling the vomiting of pregnancy.—*Southern Clinic*.

**The Localization of Pure Word-blindness.**—Dejérine and Vialet (*Compt-rend. hebdom. des Séances de la Soc. de Biologie*, n. s. 9. t. v. No. 28, p. 790) have reported the case of an intelligent and cultured man, sixty-eight years old, who presented absolute verbal blindness both for letters and for words. There was loss of the comprehension of musical signs—musical blindness—while the ability to read figures and to calculate was preserved. There was no sign of verbal deafness, and no indication of difficulty in articulate speech. There was no mind-blindness, and no visual aphasia. The power of mimicry was retained, as was also the ability to write spontaneously and upon dictation. Transcription was, however, imperfect and difficult. Motility was preserved, as was also general and special sensibility and the muscular sense. These symptoms had been present for four years. Death occurred suddenly, paraphasia and total agraphia having existed for two days without a sign of verbal deafness, and general intelligence and the power of mimicry remaining intact. Upon *post mortem* examination an area of recent red softening was found in the inferior parietal convolution and angular gyrus of the left cerebral hemisphere; while areas of old, yellowish atrophic lesions were found in the lingual lobule, the fusiform lobule, the cuneas, and the apex of

the occipital lobe, with secondary degeneration in the splenium of the corpus callosum, and pronounced atrophy in the optic radiations. The right hemisphere was perfectly intact. Upon histologic examination profound alterations were found in the posterior portion of the lingual and fusiform lobules, particularly in the collateral fissure. All of the white matter of these convolutions was destroyed and replaced by cicatricial tissue. The lingual lobe was apparently the less profoundly affected, though on microscopic examination its white fibres were found to be almost entirely disorganized; at the level of the lower lip of the calcarine fissure, however, a portion of the calcarine stratum had withstood the process of destruction. Advancing towards the cuneus the cortex progressively resumed its normal appearance. These characters indicated that the lesion was least pronounced at the level of the lower lip of the calcarine fissure, and was especially localized to the fusiform and lingual lobules. The lower portion of the ventricular cavity was likewise involved in the process of softening. The tapetum, the optic radiations of Gratiolet, and the inferior longitudinal fasciculus of Burdach were entirely destroyed. The lesion became gradually less marked towards the outer wall of the ventricle. All of the structures, in the descending branch of the calcarine fissure participated in the softening. From the anatomic findings in this case, and from physiologic considerations, the deduction is drawn that the lower portion of the inferior longitudinal fasciculus of Burdach contains physiologically differentiated fibres that connect the visual zone with the zone of language.—*Am. Jour. Med. Sciences*.

**A Remarkable Case of Recovery from Poisoning by Opium.**—On the 13th of October, 1892, two of the male employees of the asylum, while on their way home from work, found a woman lying beside the road a short distance from the hospital, whom they recognized as one of our nurses. She seemed dazed and stupid, and as she could apparently neither walk nor talk, they carried her to the building, arriving at 6.30 p.m.

I saw the patient immediately, and found her in a semi-conscious condition, unable to stand or to talk coherently, although she moaned and cried



out occasionally, as if in pain. Her pupils were strongly contracted, and this, in connection with the fact that I had treated her at different times for attacks of bilious colic, led me to believe that she had been overcome by one of these seizures, and, having resorted to opium in some form, had taken an overdose. In searching her, we found an almost empty bottle labelled "Laudanum."

The stomach-pump was used at once and the stomach found empty. However, apomorphin and brandy were administered hypodermatically, and the stomach was washed out with warm water. Retching occurred, but no vomiting. Strong coffee was then given, hypodermatic injections of brandy and one-thirtieth grain of atropin were administered freely, and the girl was forcibly held on her feet and kept moving. Flagellation with wet towels was also resorted to whenever the patient flagged, and as soon as those attending her were tired others took their places. At 10 p.m. these methods failed to be of use, and in spite of all efforts the patient became limp and unconscious. The face was cyanosed; the conjunctivæ injected; the pupils were the size of pin-points, and the respirations, which had been fairly good up to this time, fell to four per minute. The heart began to fail, and the extremities were cold. She was then placed in bed and twelve nurses, four at a time, relieved each other in applying massage. At 11 p.m. the respirations were three per minute, and the pulse, hardly perceptible at the wrist, was rapid and intermittent. Although we felt that we had a hopeless case to deal with, as a last resort the Faradic battery was brought in operation, one electrode being placed at the diaphragm, the other over the phrenic nerve at the neck, with the result of increasing the respirations and relieving the heart for an hour, when this method became unsatisfactory, as the diaphragm failed to respond to the stimulation. At the suggestion of Dr. Prout, third assistant physician and pathologist, the electrodes were placed one over each phrenic nerve at the point nearest to the surface where they pass in front of the scalenus anticus muscles, with a most gratifying and unlooked-for result. Respirations were increased or diminished at will, and immediately upon the contact of the electrode a full and forcible respiration occurred. At 1 a.m. the respirations had

ceased entirely, except those produced by the strong electric current. The pupils were still contracted in spite of the one-thirtieth grain of atropin which had been given every half-hour since 10 p.m., and the patient was comatose. Dr. Prout and myself relieved each other at the battery every half-hour, and artificial respirations were kept up for six hours, or from 11 p.m. to 5 a.m., when our patient partly regained consciousness and the respiratory function became re-established. At the end of three days she was practically well, with the exception of an erythematous rash (probably due to the atropin) that covered her body and face, and which finally faded away.

I desire to again call attention to the method of applying the electrodes, viz., one over each phrenic nerve at either side of the neck. There is no mention of such a method in any of our text-books which have come under my observation, nor have I ever seen any literature bearing upon their use in this manner. It certainly produced the desired effect, while the usual method of applying the electrodes to the nerve at the neck and the diaphragm failed. The normal number of respirations was produced for six hours consecutively, and the patient never failed to respond to the contact of the electrodes used in this manner.—By ELIOT GORTON, M.D., in *Medical News*.

## SURGERY.

**Theory of Mechanism of Cerebral Injury by Contre-Coup.**—When the skull is struck forcibly at a particular region—say, the occipital—the comparatively rigid cranium is driven, as a whole, *away* from the point of impact (forwards in this case); but the brain, owing to its softness, lags behind, and tends to flatten itself against the cranial wall on the struck side (occipital). This may cause direct injury. But the cranial wall here supports the brain-substance, and distributes the force of the blow over a wide area, rendering the injury less acute. The chief injury occurs on the opposite side (frontal), where the lagging brain tends to move *away* from the cranial wall, and receives no support from it. *At the centre of the unsupported surface there is a point from which the soft brain-substance is tending to depart in all directions* in the act of flattening itself. At this point

of greatest strain the rupture will occur. After the first rupture waves of oscillation will occur, and these may increase the injury. If detachment of the dura mater can be caused by contre-coup, as some observers have affirmed, it should be the result of exhaust or suction at the moment when the brain recedes from the inner surface of the cranium. This so-called contre-coup detachment of the dura mater is said to occur only in the squamous region, where the dura mater is not so strongly attached to the bone as in other regions.—F. J. ALLEN, M.A., M.B., in *Birmingham Medical Review*.

#### Abscess of the Pancreas: Operation.—

Walsh (*Med. News*, December 30th, 1893) reports the case of a married woman, aged 47, who for six months had suffered from sharp burning pains and tenderness in the epigastrium. On examination her abdomen was distended and tender; there was an area of dulness extending from the ensiform cartilage half way to the umbilicus, and reaching to the left costal arch. She was extremely emaciated, and for a month had suffered from diarrhoea and vomiting, latterly the calls to stool being very frequent. Her temperature was normal; the pulse was small, rapid and wiry; the tongue was dry and thickly coated; the stools were watery, yellowish-grey, and offensive; the vomited matter was greenish and offensive. An exploratory operation was undertaken, with a view to assist the diagnosis, and on passing the hand into the abdominal cavity a fluctuating mass could be felt behind the greater curvature of the stomach. This was exposed and opened, a pint of pus, together with portions of the pancreas and a curd-like substance being evacuated; at the bottom of the abscess cavity softened remains of the body and tail of the pancreas were found and removed; this was followed by pretty free hæmorrhage, so the cavity was firmly packed with iodoform gauze. The wound was dressed in the usual way, and a bandage firmly applied. During the first four days the patient was fed by the bowel; on the fifth day the gauze packing was removed; on the eighth day the stitches were removed; the fistulous track was now well established, and the abscess cavity was reduced to about one-fourth of its former size. On the eleventh day the patient left the hospital.

**Ichthyol Suppositories in the treatment of Prostatitis.**—No. 26 of the *Centralblatt f. Klin. Med.* of last year contains a paper by Dr. A. Freudenburg on this method of treating prostatitis, a method, by the way, which is not calculated to be of any use in cases of uncomplicated hypertrophy of the prostate. Dr. Freudenburg's patients, some thirty or forty in number, suffered from prostatitis arising from various causes, and were all relieved of their sufferings in a very short time. The treatment, which, when necessary, was supplemented by local treatment of the urethra, commenced with suppositories containing  $4\frac{1}{2}$  grains of ichthyol, the dose of which seldom exceeded 10 grains. Latterly  $\frac{1}{8}$  to  $\frac{5}{8}$  of a grain of iodoform was added, care of course being taken to avoid intoxication from too long a use of that drug. As a rule two suppositories a day were used, one in the morning after defecation and the second at bedtime. Did a second motion during the day necessitate it, a third suppository would be applied. It was found that the mass of swollen fat containing the ichthyol was not completely absorbed even in ten or twelve hours, and Dr. Freudenburg lays great stress on the fact that the ichthyol must be intimately mixed with the cocoa butter and not exhibited in hollow suppositories, or great irritation of the mucous membrane of the bowel will be caused.

R Ammon. sulfo-ichthyol. .grs.  $4\frac{1}{2}$ —9—11  $\frac{1}{4}$ .

Ol. cacao. . . . . grs. 30—40.

Misce exactissime f. suppositorium.

—*Provincial Medical Journal*.

---

### Personals.

---

Dr. Bray, of Chatham, spent a short time in Philadelphia. He was the guest of Dr. Osler, of Johns Hopkins University.

Dr. Chas. O'Reilly, of the General Hospital, has returned from Savannah, Ga., quite recovered from his recent illness, and has resumed his duties.

Dr. Harris, of Brantford, is at present in New York city, where he expects to remain for some time in hospital attendance and special surgical work.

### Miscellaneous.

A VALUABLE DRUG IN TREATMENT OF WINTER COUGH.—Many are the single agents employed in the treatment of that persistent bronchial ailment known as "winter cough," and divers are the combinations made to suit each individual case. Agents proposed and lauded as "specifics" in this disease have signally failed to maintain the title. Among the new remedies named, but not brought forward as a specific at all, is the *Eugenia Chequen*, or Chekan, a native Chilian drug. For a complete description of the agent, botanically and therapeutically, we refer our readers to the Pharmacology of the Newer Materia Medica, and a brochure issued by Parke, Davis & Co., Detroit. That it is a valuable addition to our list of agents for the treatment of bronchitis and its allied disorders, is evident to the writer. It has made a good record so far. It is worthy of a careful investigation and trial. Dr. Wm. Murrell, of Royal Hospital for Diseases of Chest, London, basing his opinion on notes of fifteen cases of chronic bronchitis in which he employed Chekan, says: "In all cases the patient

obtained some benefit, and in most instances the relief was very marked." The Fluid Extract has a pleasant balsamic odor and taste. It is highly resinous, hence not miscible with water. It mixes nicely with glycerin and syrups, in which it should be administered. We advise a testing of its merits. —*Sanative Medicine.* —

#### CHRONIC HEADACHE:

R Arseniate of sodium . . . . . gr. ss.  
Sulphate of atropine . . . . . gr. ss.  
Extract of aconite . . . . . gr. viiss.  
Powd. cinnamon, q. s.

Mix and make into thirty pills. Sig.—From one to four pills daily.—DR. ZEUTLER, in *La Riforma Medica*.

#### DIPHTHERIA:

R Carbolic acid . . . . . gtts. viij.  
Liq. sulp. iron . . . . . ʒij to ʒiij.  
Glycerine . . . . . ʒi.

M. Sig.—Apply to fauces with camel's hair brush two or three times daily.—DR. J. LEWIS SMITH.

[OVER.]

**FOR INVALIDS.**—Delicious Dishes made in a few minutes at a trifling cost.

## WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

**WYETH'S RENNET** makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. Price, 25 cents per bottle.

## FERMENTATIVE DYSPEPSIA.

**WYETH'S COMPRESSED TABLETS.** \* BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. Price, per bottle of 100, \$1.00.

## WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 mins.

## Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

## JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - - General Agents.



## CHRONIC DIARRHŒA :

- R Pulv. ipecacuanhæ..... gr. x.  
 Pulv. populos trem..... ʒi.  
 Pulv. capsici..... ʒiss.  
 Pulv. xanthoxylum..... ʒi.  
 Pulv. myrica cerif..... ʒi.

Mix and make into four-grain pills.—DR. W. C. BUCKLEY, in *Southern Medical Record*.

## PRURITUS :

- R Acetate of lead..... gramme i.  
 Dilute hydrocyanic acid. gramme v.  
 Rectified spirits..... gramme xv.  
 Distilled water..... gramme 250.

Use as a lotion.—*Medical Record*.

## CATARRHAL JAUNDICE :

- R Sodii phosphat..... ʒiss.  
 Sodii salicylat..... ʒiij.  
 Aquæ destillat., q. s..... ʒviij.

M. Sig.—Tablespoonful in one-half glass of water after each meal.

## CHRONIC CYSTITIS :

- R Tr. collinsoniæ..... ʒvi.  
 Copaibæ..... ʒiij.  
 Liq. morphinæ..... ʒss.  
 Liq. potassæ..... ʒss.  
 Ol. menth. pip..... m. iij.  
 Aq. camphoræ q. s. ad..... ʒvi.

M. Sig.—A tablespoonful to be taken every four hours.—DR. CHEVERS, in *Medical Press and Circular*.

## SCABIES :

- R Glycerin..... ʒvi.  
 Gum tragacanth..... gr. lxxv.  
 Flowers of sulphur..... ʒiij.  
 Subcarbonate of potassium... ʒi.  
 Essence of mint..... ʒss.  
 Essence of lavender..... ʒss.  
 Essence of cinnamon..... ʒss.  
 Essence of cloves... ʒss.—M.

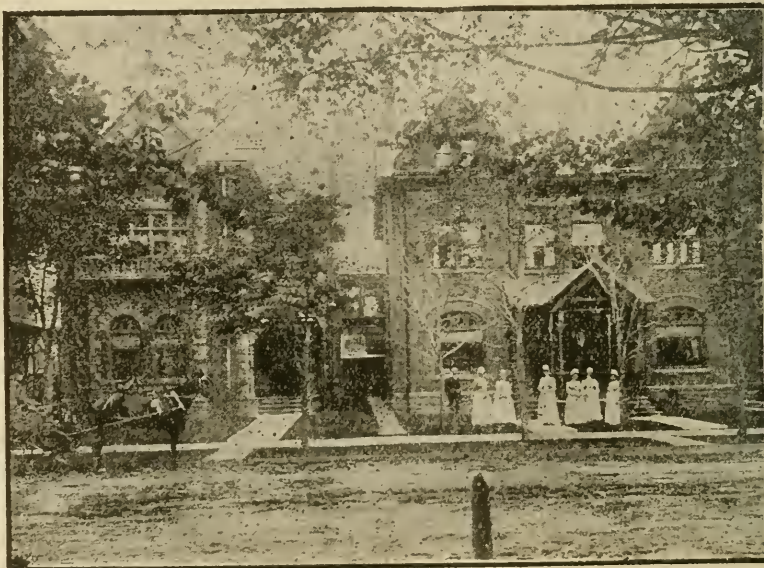
—PROF. FOURNIER, in *La Tribune Medicale*.

[OVER.]

# ROTHERHAM HOUSE

## Dr. Holford Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses for outside work on application.

For Terms, or other information desired, address

**DR. HOLFORD WALKER, Isabella St., TORONTO.**

At a meeting of the Faculty of the Medical Department of Columbian University, of Washington, D.C., held on April 11, 1893, it was unanimously agreed to make a four-year course of study necessary before graduation. This measure went into operation at the beginning of the present session of 1893-94. Each of the four courses covers seven months of lectures.—*Boston Med. and Surg. Jour.*

**COLLEGE ATHLETICS.**—President Eliot, of Harvard University, has made the following recommendations as to the regulation of college athletics: (1) There should be no Freshman intercollegiate matches or races; (2) no games, intercollegiate or other, should be played on any but college fields, belonging to one of the competitors, in college towns; (3) no professional student should take part in any intercollegiate contests; (4) no student should be a member of a university team or crew in more than one sport within the same year; (5) no football should be played until the rules are so amended as to diminish the number and the violence of the collisions between the players, and to

provide for the enforcement of the rules; (6) intercollegiate contests in any one sport should not take place oftener than every other year. Finally, if trial shall prove the insufficiency of all these limitations, intercollegiate contests ought to be abolished altogether.

These recommendations are surely in the right direction, and we heartily trust that as many of them as possible may be carried out.

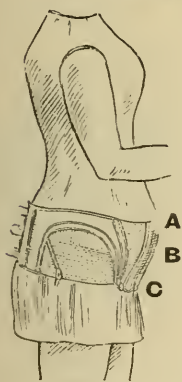
There is perfect unanimity of opinion regarding the value of college athletics, but the excesses to which they have been carried are notorious, and the time has come for some decided reform.—*Medical Record.*

**OIL OF AMBER IN ACNE.**—Dr. H. S. Purdon recommends the use of oil of amber in acne, rubbing into the affected part at night, and washing off the next morning with hot water and soap. This oil has a pleasant odour, is much cleaner than any ointment, penetrates into the follicles, and if continued is an active rubefacient, producing more or less irritation and slight redness of the skin.—*Ex.*

[OVER.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

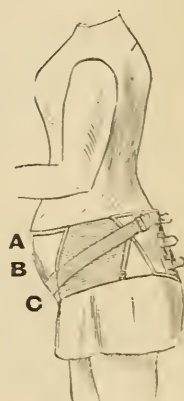


No. 1.

PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. Once used, would not be without it for many times its cost.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address,

MRS. F. L. PICKERING

BOX 149,

BRANTFORD,

-

-

-

-

ONTARIO.

Horsehair, thoroughly cleansed and ready for use, is now kept by some instrument dealers. It never absorbs anything, is as impervious as glass, and can be rendered perfectly aseptic. It is valuable in all suturing of the skin.—LEWIS.

IN MUSCULAR RHEUMATISM, RHEUMATIC ARTHRITIS:

R Chloroformis puræ..... ̄ v.  
Tr. opii,  
Acidi salicylici..... āā ̄ iv.  
Spts. vini rect..... ̄ iv.  
Olei dulcis..... ̄ xii.

M. S.: Liniment, use *ad lib*.

—T. H. MANLEY, in *Medical Record*.

FOR CORYZA:

R Betol..... ̄ijss.  
Menthol..... gr. xv.  
Cocain hydrochlorate..... gr. ix.  
Powdered roasted coffee.... ̄jss.

Mix and use as a snuff.

GRELLETY, *Sem. Méd.*, No. 72.

PRURITUS HIEMALIS:

R Menthol..... ̄ iiiss  
Glycerin..... f ̄ ij.  
Aquæ, ad..... f ̄ iv.

M. Sig.: Apply.

—CORLETT.

FOR FERMENTATIVE DYSPEPSIA:

R Pure beechwood creasote..... ℥ xii.  
Proof spirit..... ̄ijss.  
Benzoate of ammonia..... ̄ij.  
Glycerin..... ̄vi.  
Infusion of cloves sufficient to make six ounces.  
Dose.—A tablespoonful in water two or three times daily between meals.—*Asclepiad*.

WHOOPIING COUGH.—Dr. Nageli asserts (*Dublin Jour. Med. Science*) that a paroxysm of pertussis may be aborted by drawing the lower jaw downwards and forwards, and that the course of the disease is favourably affected by suppressing the attacks. Spasmodic cough due to other causes may be similarly restrained.—*Maryland Medical Journal*.

[OVER.]

# MADAM VERMILYEA'S HEALTH CORSET

## Read what a prominent Toronto Physician says:

"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS

WRITE OR CALL

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.



## FOR GASTRIC ULCER :

R Chloroformi . . . . . 1.  
 Bismuthi subnit. . . . . 3.  
 Aquæ destil. . . . . 150.—M.

Sig.—To be taken every hour or two hours.

—HEPP.

R Argenti nitrat . . . . . 0.03.  
 Aquæ destil. . . . . 120.—M.

Sig.—A tablespoonful three times a day on an empty stomach.—BOAZ, in *Corr.-blf. Schw. Aerzte*, No. 20.

At the University of Moscow, the fees for the curriculum of five years amount to only £80.—*Ex.*

We are informed that it costs the people of the United States each year to be born, \$25,000,000; to be married, \$300,000,000; and to be buried, \$75,000,000; while to get drunk the people pay \$900,000,000. It is also said that this bill for drunks is larger than the bill for all the bread and meat consumed by the same people.—*St. Louis Med. and Surg. Jour.*

## A GOOD COUGH SYRUP :

Paregoric.  
 Glycerine.  
 Syr. ipecac.  
 Syr. squills . . . . . a..a . . . . . 1 3̄.

Mix.—Dose, a teaspoonful as required.

—*Id.*

FRUIT.—Fruit will destroy the desire for alcoholic drinks. Oranges and apples have been found to be the most effectual cure for inebriates, and the more they eat of these luscious fruits the more the desire for drink will diminish, until at last it is completely crucified, and, so far as that individual is concerned, obliterated.—*The Vegetarian.*

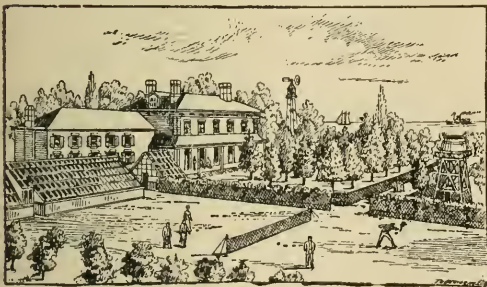
NOSTRUMS — "CHEMICAL COMPOUNDS."—The following antiseptics and antipyretics, professedly simple chemical agents, have been shown up in *Merck's Report* to be only mixtures :

"Anticol" is found to consist of 75 per cent. of acetanilid, 17.5 of bicarbonate of soda, and 7.5 per cent. of tartaric acid.

[OVER.]

# LAKEHURST SANITARIUM

## OAKVILLE, ONT.



FOR THE TREATMENT OF

## INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
 OAKVILLE.

"Anticylic acid," claimed to be antipyretic and anodyne, is merely a mixture of antipyrin and salicylic acid.

"Antidiphtherin," upon examination, was found to contain potassium chlorate and a trace of ferric chloride.

"Antinervin" (so-called *salicyl-brom-anilid*) is, according to E. Ritsert, a mixture of one part of ammonium bromide, one of salicylic acid, and two of acetanilid.

"Antiseptin," also known as *zinc-boro-thymol-iodide*, according to Goldman consists of 85 parts of zinc sulphate,  $2\frac{1}{2}$  of zinc iodide,  $2\frac{1}{2}$  of thymol, and 10 of boric acid. This must not, however, be confounded with "Antiseptin," which is chemically *par-amono-brom-phenyl-acet. amid*; nor with *cinchonin iodo-sulphate*.—*The Medical World*.

ORANGE BLOSSOM.—Our analysis shows it to be about as follows: An oblong body, about one inch long, by one-half inch wide and one-half inch thick, weighing full two grammes (31 grains). A single fold of heavy tin-foil surrounds and encloses a light, grayish-yellow, unguentous mass, of a ran-

cid, fatty odour, and astringent, metallic taste. The reaction very acid. The constituents are:

Zinc sulphate.....	1 dr.
Alum .....	15 gr.
Cocoa butter.....	3 dr.
White wax.....	$\frac{1}{2}$ dr.
Oil sweet almonds.....	$1\frac{1}{2}$ dr.
Ext. henbane.....	1 gr.

—*New Idea*.

#### GONORRHEA—LATTER STAGES:

R Permanganate zinc.....	gr. iij.
Glycerine.....	dram j.
Aquæ destil.....	oz. vj.

M. Sig.—Use as injection three times daily.

—*Jour. Mat. Med.*

THE IOWA BOARD OF MEDICAL EXAMINERS.—This board has ordered that on and after July 4th, 1898, no medical school shall be considered as of "good standing," for the purposes of registration of its alumni within the State, unless it has a four-year course curriculum. Each course of

[OVER.]

## THE ACID CURE.

HITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., we will forward to any qualified practitioner for 35c.

#### TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." By JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure.—'The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. F. Coutts in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, then to neutralize the poison and overcome the morbid condition; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

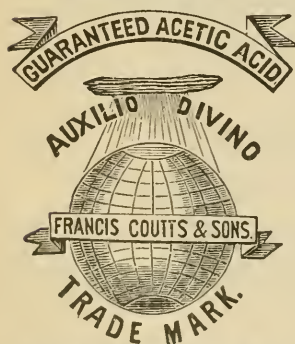
DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."

**COUTTS & SONS,**

72 Victoria St., TORONTO.

**COUTTS'**



**ACETOCURA.**

We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

LONDON, GLASGOW and MANCHESTER,

attendance upon medical lectures must be not less than six months long, and two courses in the same year will not be held equivalent to two courses.—*N. Y. Medical Journal*.

#### FAVOURITE LIQUID COUGH MIXTURE:

R Pulv. ammon. mur..... 3 ss.  
Syr. senegæ..... 3 j.  
Mist. glycyrrhizæ comp. .... q. s., ad. 3 viij.

M. Sig.—Small teaspoonful to young children, more or less, every two or three hours. If feverish, don't forget to add a little tincture aconite fol., or put in sugar powder between doses.

—*Medical Summary*.

#### FOR TINEA TRICOPHYTINA:

R Sodii hyposulphitis..... 5j.  
Spts. rectificat..... 5iv.  
Aquæ ..... ad f 3 viij.—M.  
Ft. lotio.

S.—To be applied to the affected parts after they have been thoroughly washed with a brush and soap and water.—*Practitioner*.

NEURALGIA FROM COLD.—Dr. Domanski (*La Semaine Médicale*, No. 67, 1893) speaks highly of the following formula in neuralgias from cold:

Phenacetine, } aa..... gms. 2.5-4.  
Salol, }

(grs. xxxvj-5j)

Caffeine ..... cgms. 25-40.

(grs. iv-vj)

Sufficient for ten powders. Two to four a day.

This formula is especially valuable in recent neuralgias of the trigeminus, sciatica and muscular rheumatism.—PRITCHARD, in *Lancet-Clinic*.

#### FOR EPILEPSY:

R Potassii bromidi... 5iv.

Tincturæ belladonnæ..... f 5iij.

Infusi gentianæ compositus ad f 3 viij.—M.

S.—A tablespoonful thrice daily.

R Camphoræ monobromat.. gr. xlvij:

Ext. gentianæ..... q. s.

Ft. massæ et div. in. pil. no. xij.

S.—One at bedtime.

—BLACK, in *British Medical Journal*.

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. SCOTT'S EMULSION remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by SCOTT & BOWNE, Chemists,

132 South Fifth Avenue, New York.



**ANTIKAMNIA.**—This is a combination of elements belonging to the coal-tar group, and is an American product. It is a white crystalline powder, odourless, and has a slightly burning taste; soluble in hot water and in diluted alcohol, but not in cold water. It acts as antipyretic, analgesic and anodyne. The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrin, but is not attended with as much depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*.—C. A. JULIAN, M.D., Louisville Medical College, in *N. C. Medical Journal*.

#### NERVOUS DYSPEPSIA :

- R Tinct. nucis vomica . . . . . ʒij.  
 Elix. calisayæ val . . . . . ʒxxij.  
 Elix. aromatic . . . . . ʒxxij.  
 M. Sig.—Teaspoonful before each meal.

The entire medical staff of the Brazilian Navy, which has been loyal up to the present time, has joined the forces of the insurgents, and placed itself under the orders of Admiral Gama.—*Lancet-Clinic*.

The *International Medical Magazine* will hereafter be edited by Dr. H. W. Cattell, under the supervision of Dr. John Ashhurst, jun., and Dr. James T. Whittaker.—*Medical News*.

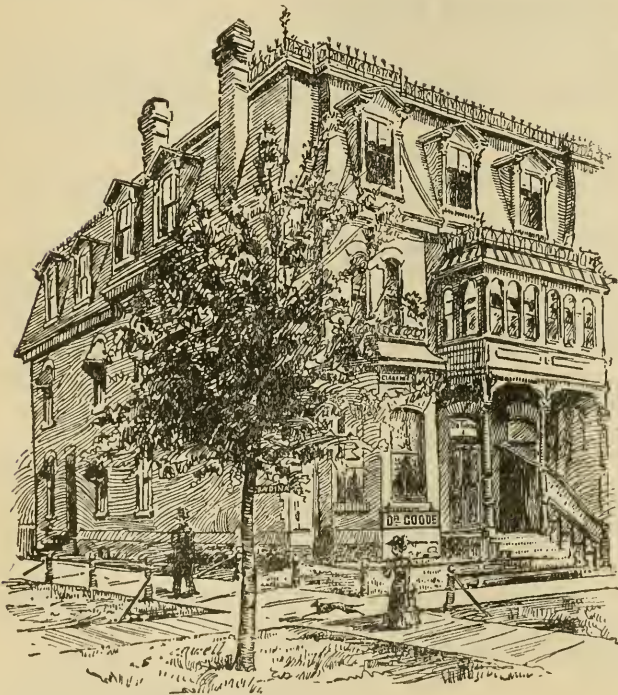
#### NEURASTHENIA :

- R Zinci valerianat . . . . . gr. xx.  
 Quin. valerianat . . . . . gr. xx.  
 Ferri valerianat . . . . . gr. xx.

Mix for twenty pills. Sig.—One three times daily.

#### RHEUMATISM, ACUTE :

- R Sodii salicylat . . . . . ʒvi.  
 Aquæ . . . . . ʒi.  
 Syr. toltutan, q.s. . . . . ʒiiij.  
 M. Sig.—Teaspoonful every two hours.



## Private Sanitarium ... for Inebriety

No. 1 Clarence Square, TORONTO, ONT.

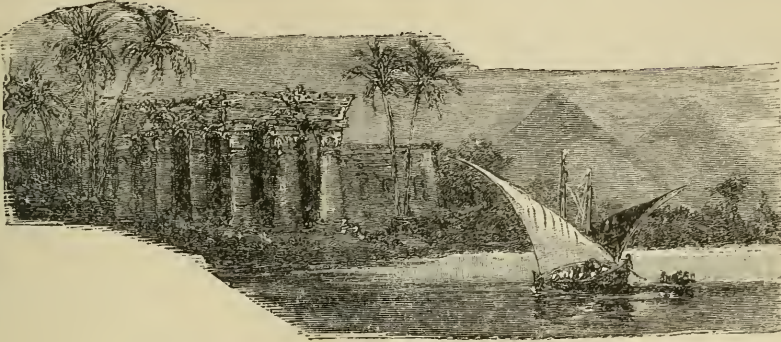
THIS INSTITUTION possesses facilities for the successful treatment of the drink habit on modern principles.

It is situated on the corner of Spadina Avenue and Clarence Square, and facing a beautiful park; is only one block from street cars, only a short distance from the Brock Street boats, and five minutes' walk from Union Station. All the rooms are large, well furnished, and house is heated by furnace and gas.

The medical treatment is superintended by DR. GOODE, whose assistants are competent. As the residence of patients will be from three to four weeks, and as occupation or amusement is almost necessary, it will readily be seen that a first-class place where gentlemen may be treated in the city has great advantages over a like institution in the country.

# In Convalescence

Doctors frequently tell their patients that a **change of climate** or a **sea voyage** would be the best thing for them. . . . .



Very few people, however, can afford to follow this advice, so it is necessary to suggest a substitute.

THE LEADING PHYSICIANS PARTICULARLY RECOMMEND

## WYETH'S BEEF, IRON AND WINE AS A STRENGTH GIVER.

IT IS A VALUABLE RESTORATIVE FOR CONVALESCENTS.

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

**A**S a nutritive tonic, it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases.

Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill-effects have been experienced from the use of the many imitations claiming to be the same, or as good as Wyeth's. In purchasing or prescribing, please ask for "WYETH'S," and do not be persuaded to take any other.

JOHN WYETH & BRO.,      DAVIS & LAWRENCE CO. (LTD.) MONTREAL  
*Manufacturing Chemists, PHILADELPHIA.*      *General Agents for the Dominion.*

P.S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.



# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year===Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**F. E. FARRELL, SUPERINTENDENT.** **CLARENCE C. RICE, M.D., SECRETARY,**  
226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.



ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

# WM. R. WARNER & CO.'S SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: RELIABILITY, SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.

We append an abridged list of selected formulae, of value to the general practitioner, any of which we will forward by mail on receipt of price.

SOLUBLE COATED PILLS.	BOTTLE		SOLUBLE COATED PILLS.	BOTTLE	
	100	500		100	500
<b>Abernethy's</b> (Aperient) . . . . .	75	3 50	Pulv. Ipecac, 1-10 gr.		
Dose, 1.			Maas Hydrarg., 2 grs.		
Pulv. Aloes Socot., 2 grs.			Ext. Coloc. Co., 2 grs.		
Pulv. Ipecac. 5-6 gr.			<b>Aperient</b> (Dr. Fordyce Barker) . . . . .	1 00	4 75
Pil. Hydrarg., 1 gr.			Med. prop.—Aperient. Dose, 1 to 2.		
Ext. Hyoscyam., 2 grs.			Ext. Coloc. Co., 1 2-3 grs.		
<b>Ague</b> . . . . .	75	3 50	Ext. Nuc. Vom., 1-2 gr.		
Medical properties — Antiperiodic.			Ext. Hyoscyam., 1 1-4 grs.		
Dose, 2 to 4.			Pulv. Ipecac, 1-12 gr.		
Chinoidin. 2 grs.			Pulv. Aloes Soc., 5-12 gr.		
Ext. Coloc. Comp. 1-3 gr.			Res. Podophylli, 1-12 gr.		
Ol. Pip. Nig., 1-6 gr.			<b>Cascara Comp.</b> . . . . .	75	3 50
Ferri Sul., 1-2 gr.			Med. prop.—Laxative Cathartic.		
<b>Anthelmintic</b> . . . . .	1 00	4 75	Dose, 2 to 4.		
Med. properties—Anthelmintic.			Ext. Cascara Sagrad., 3 grs.		
Dose, 1 to 2.			Res. Podophylli. 1-8 gr.		
Santonin, 1 gr.			<b>Chalybeate</b> , 3 grs. . . . .	60	2 75
Calomel, 1 gr.			Med. prop.—Antichlorotic. Dose,		
<b>Anti-Bilious</b> (Vegetable) . . . . .	50	2 25	1 to 5.		
Med. prop.—Cholagogue, Cathartic.			Ferri Sulph., 1 1-2 grs.		
Dose, 2 to 3,			Potassa Carb., 1 1-2 grs.		
Pv. Ext. Col. Co., 2 1-2 grs.			<b>Cathartic Comp. Cholagogue</b> . . . . .	60	2 75
Podophyllin. 1-4 gr.			Med. prop.—Cathartic. Dose, 1		
<b>Anti-Constitution</b> . . . . .	75	3 50	to 2.		
Dose, 1 to 4.			Res. Podophylli. 1-2 gr.		
Podophyllin, 1-10 gr.			Pil. Hydrarg., 1-4 gr.		
Ext. Nuc. Vom., 1-4 gr.			Ext. Hyoscyami, 1-8 gr.		
Pv. Capsici, 1-4 gr.			Ext. Nuc. Vom., 1-16 gr.		
Ext. Belladon., 1-10 gr.			Ol. Res. Capsici, 1-8 gtt.		
Ext. Hyoscyami, 1-4 gr.			<b>Ergotine Comp.</b> (Dr. Reeves) . . . . .	1 75	8 50
<b>Anti-Dyspeptic</b> . . . . .	1 00	4 75	Med. properties—Sedative, Parturi-		
Med. prop.—Applicable where Debi-			ent. Dose, 1.		
lity and Impaired Digestion exist.			Ergotine, 3 grs.		
Dose, 1 to 2.			Ext. Cannab. Ind., 1-4 gr.		
Strychnia, 1-40 gr.			Ext. Belladon., 1-4 gr.		
Ext. Belladonnæ, 1-10 gr.					

Prepared only by

## WM. R. WARNER & CO.

Originators and Manufacturers  
of Reliable  
Effervescent Preparations.

PHILADELPHIA.

NEW YORK.

LONDON.

*Preparations supplied by all leading druggists.*

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO. . . . .	KERRY, WATSON & CO., MONTREAL	LYMAN BROS. & CO. . . . .	TORONTO
EVANS, MASONS & CO. . . . .	MONTREAL	ELLIOT & CO. . . . .	..
KENNETH CAMPBELL & CO. . . . .	..	LONDON DRUG COMPANY . . . . .	LONDON
R. J. DEVINS . . . . .	..	R. W. MCCARTHY . . . . .	ST. JOHN
J. WINER & CO. . . . .	HAMILTON	BROWN & WEBB . . . . .	HALIFAX

PREPARED BY

W. R. WARNER & CO.

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

B—Pulv. Aloes.....2 grains. | Pulv. Rose los..... $\frac{1}{2}$  grain.  
" Mastic..... $\frac{1}{2}$  grain. | M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastic, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

B—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext.....1 gr.  
Assafoetida.....2 gr. | Ac. Arsenious.....1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph. Fe SO<sub>4</sub> } Ferri Carb. Fe CO<sub>3</sub>  
Potass. Carb. K<sub>2</sub> CO<sub>3</sub> } = Potass. Sulph. K<sub>2</sub> SO<sub>4</sub>

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with  $\frac{1}{2}$  gr. Ext. Nux. Vomica added to each Pill to increase the tonic effect. Dose 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION

B—Pepsin Conc't.....1 gr. | Gingerine.....1-16 gr.  
Pv. Nux. Vomica..... $\frac{1}{4}$  gr. | Sulphur..... $\frac{1}{2}$  gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda.....1 gr.  
Salicylic Acid.....1 gr.  
Ext. Nux Vomica..... $\frac{1}{2}$  gr.  
Powd. Capsicum.....1-10 gr.  
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

B—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna,  $\frac{1}{2}$  gr.  
Medical Properties—Tonic, Laxative. Dose, 1 to 3 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinine; Ext. Colchicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.

The  
College  
of  
Physicians  
and  
Surgeons  
of  
Ontario

Spring Examinations, 1894

TO BE HELD IN TORONTO AND KINGSTON

THE PRIMARY AND FINAL EXAMINATIONS commence on **Tuesday, the 10th of April, 1894**, in Toronto and Kingston, at 9.30 a.m.

By Order,

R. A. PYNE, REGISTRAR,  
TORONTO, ONT.

N.B.—Candidates' application forms may be had on application to the Registrar. The application is to be properly filled out, declaration executed, and delivered into the hands of the Registrar, accompanied by the tickets and certificates and Treasurer's receipts, not later than the **3rd of April, 1894**. All candidates for final examination are required to present their primary tickets and certificates with certificate of registration as a matriculate at the same time.

The Treasurer's address is, DR. W. T. AIKINS, 280 Jarvis Street, Toronto.

Ontario Medical Journal

Published Every Month.

*The Only Journal Reaching the Entire  
Medical Profession in Canada.*

For Advertising Rates apply to

DR. R. B. ORR,

147 Cowan Avenue, TORONTO.

ALLAN & CO.

HAVE IN STOCK AND ARE OFFERING THE PHYSICIANS  
AND SURGEONS A COMPLETE LINE OF

Slumber Rolls  
Atomizers  
Silk Stockings  
Trusses  
Water Bottles  
Enemas and Fountain  
Syringes  
Clinical Thermometers  
Surgeons' Sponges  
Caustic Points, etc.

Being agents for the IDEAL RUBBER COMPANY, of Brooklyn, N.Y., we are in a position to quote the very lowest prices on all rubber goods.

ALLAN & CO.,

E. B. S. FLUID EXTRACTS.

53 Front Street East.



# SHORTHAND

---

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

**Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

---

**BUSINESS**

# GRACE HOSPITAL

(Homœopathic)

College and Huron Sts., Toronto.



This Hospital, the only Homœopathic Institution in Canada, is situated in the most desirable portion of the city, accessible by street cars from every quarter, and capable of accommodating upwards of 100 patients. The building is extremely bright and cheerful, steam-heated throughout, and fitted with every modern convenience. To the west of the main building, and connected therewith, is a large residence which is used as a maternity ward.

All cases suitable for hospital treatment, both medical and surgical, are received, and private patients are permitted the attendance of any qualified practitioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homœopathic treatment.

**BOARD OF TRUSTEES:**—HIS HONOUR JOSEPH E. MACDOUGALL, *Chairman*; EDWARD GURNEY, ESQ.; W. B. McMURRICH, ESQ.; J. D. NASMITH, ESQ.; FRED. ROPER, *Sec'y-Treas.*, No. 2 TORONTO ST., TORONTO; MISS LOUISE BRENT, *Superintendent*; MISS F. E. SHANLY, *Secretary, Grace Hospital*.

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty.

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## Chicago Polyclinic and Hospital

A CLINIC SCHOOL FOR . . . . .

. . . PRACTITIONERS OF MEDICINE

THE Institution is thoroughly equipped for post-graduate instruction in all branches of Medicine and Surgery. The upper floors of the large building are fitted up and used for hospital purposes, accommodating 100 beds. The lower floors are divided into clinical rooms, and are provided with every practical and scientific device for examination and treatment of the sick. The new Pathological Laboratory has been recently furnished. Practical Anatomy and Operative Surgery are also taught.

For information, or the Announcement, apply to the Corresponding Secretary,

MOREAU R. BROWN, M.D.,

174-176 CHICAGO AVENUE,

CHICAGO, ILL.

**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

**60 COLLEGE STREET,**

**TORONTO.**

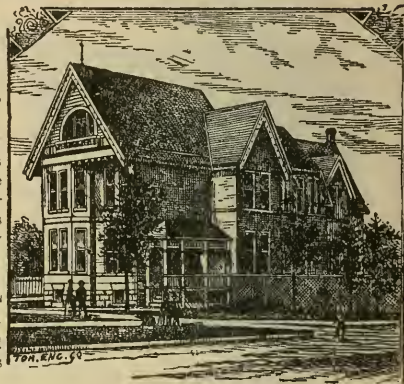
**DR. TEMPLE'S****Private Hospital,**

**BELLEVUE HOUSE,**

**87 BELLEVUE  
AVENUE  
TORONTO.**

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new  
**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

**203 Simcoe Street, - - Toronto.**

**Orthopædic Surgeon****DR. BREMNER**

M.D., Toronto University.

L.R.C.P. Edinburgh ('79).

Late Asst. Surg. N.Y. Hospital for Ruptured and Crippled.

Asst. Surg. Polyclinic, N.Y.



**39 Bloor St. East**

(SOUTH SIDE)

DR. BREMNER, having spent several years in Great Britain, and as Assistant Surgeon to the N.Y. Hospital for Ruptured and Crippled, announces that he has opened an office as an **ORTHOPÆDIC SPECIALIST** at the above address.

All suitable accommodation for patients from a distance secured. Orthopædic instruments and appliances of the most modern type may be procured direct on application by practitioners.

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2 \text{PO}_4$ , Sodium Phosphate  $\text{Na}_2 \text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2 \text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3 \text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychniæ, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

**DOSE.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Drug ists at One Dollar.



# NEW YORK POLYCLINIC AND HOSPITAL.

Session 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

<b>SURGERY—</b> John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.	<b>EAR—</b> Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.
<b>MEDICINE—</b> R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine- man, M.D.; J. Adler, M.D.	<b>THROAT AND NOSE—</b> D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris J. Asch, M.D.
<b>GYNÆCOLOGY—</b> W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.; H. Marion Sims, M.D.; Florian Krug, M.D.	<b>DISEASES OF CHILDREN—</b> L. Emmett Holt, M.D.; August Seibert, M.
<b>EYE—</b> David Webster, M.D.; Emil Gruening, M.D.; Thomas R. Pooley, M.D.	<b>DISEASES OF THE SKIN—</b> A. R. Robinson, M.D.; Edward E. Bronson, M.D.
	<b>NERVOUS DISEASES—</b> Landon Carter Gray, M.D.; B. Sachs, M.D.
	<b>OBSTETRICS—</b> Edward A. Ayers, M.D.

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., ASST. SEC.,**

**L. EMMETT HOLT, M.D., SEC.,**

214-218 East 34th Street, New York.

## Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

### SESSIONS OF 1894-95.

The REGULAR SESSION begins on Monday, September 24, 1894, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 25, 1895, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements, for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

## Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. Lusk, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

For further information apply to

**CHARLES FORD, Superintendent.**

**314 Broome St., New York City.**

Special instruction upon the manikin given by the attending physicians.

ESTABLISHED 1850.

INCORPORATED BY ACT OF PARLIAMENT.

# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynaecology.

**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.

**C. W. COVERTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. IEM. GRASETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto;** Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

### LECTURERS, DEMONSTRATORS,

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M., Fell. Trin. Med. Coll.;** L.R.C.P., London; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

Diseases of Children.

M.D., M.R.C.S., Eng.; Member of the

Acting Staff Toronto General Hospital.—18 Bloor Street.

Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH, Late Principal and Professor of** Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherbourne Street.

Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. ~~43~~ Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the *Hospital*, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

**CHARLES SHEARD, M.D., C.M., Fell. Trin. Med. Coll., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.

Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S., Edin.;** Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.

Professor of Ophthalmology and Otology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVIDSON, B.A., Univ. Tor., M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### INSTRUCTORS AND ASSISTANTS.

**A. Y. SCOTT, B.A., Tor. Univ.;** M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A., Tor. Univ.;** M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A., Tor. Univ.;** M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.**—176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.;** L.R.C.P., Lond.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng. Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.



# "H. V. C."

Hayden's Viburnum Compound.

Specially Recommended in the . . . .

## AILMENTS OF WOMEN

AND IN

## OBSTETRICAL PRACTICE

A Powerful ANTISPASMODIC, ANODYNE, NERVINE and UTERINE TONIC.

*Perfectly SAFE, PROMPT and RELIABLE, without Narcotics, Coal Tar Products, Depressants or other poisons, and may be given to a child without special caution. Superior to Ergot in all cases where indicated.*

"H. V. C." has now been in the hands of the Medical Profession Twenty-six Years, with the most decided success. It is prescribed and recommended by the majority of the most eminent physicians in the United States, and employed in the principal hospitals throughout the Union with satisfaction.

"H. V. C." excels in DYSMENORRHEA, MENORRHAGIA, THREATENED ABORTION, DANGEROUS FLOODING, PUERPERAL CONVULSIONS, SPASMS, TEDIOUS LABOR, INERTIA with a tendency to COLLAPSE, AFTER PAINS, and in cases of GREAT EMERGENCY. A remedy that may be employed HEROICALLY where indicated.

**REFERENCE.**—The great body of the medical profession.

For special directions, formulæ, reports of cases, and the endorsement of five thousand physicians, send us your address for our large hand-book—THEORY, PRACTICE and DEMONSTRATION—FREE.

Put up in 4 oz., 10 oz., and 16 oz. bottles, and dispensed by all reliable druggists. Write only for "H. V. C.," and accept no other.


THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.

A Vitalizing Tonic to the Reproductive System.

# SANMETTO

FOR

## GENITO-URINARY DISEASES.

 A Scientific Blending of True Santal and Saw Palmetto in a  
Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.

### POSITIVE MERIT AS A REBUILDER.

Dose:—One teaspoonful four times a day.

OD. CHEM. CO., NEW YORK.



# PANOPEPTON

## BREAD AND BEEF PEPTONE.

IN PANOPEPTON we present to the profession a new, complete and perfect Peptone, one which we are confident will meet every requirement. PANOPEPTON is the entire edible substance of prime, lean beef and best wheat flour, thoroughly cooked, properly digested, sterilised and concentrated in vacuo.

PANOPEPTON is, therefore, the quintessence of Peptones, containing all the nutrients of these two great types of food—beef and bread—fused into a delicious restorative.

PANOPEPTON is the food par excellence in all conditions where a fluid, quickly assimilable, agreeable and comprehensive nutriment is required.

Originated and manufactured by

FAIRCHILD BROS. & FOSTER,

NEW YORK.

For Table of Contents see Page 3.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, APRIL, 1894.

[No. 9.

## TREATMENT OF DYSPEPSIA AND INDIGESTION.

EXTRACT FROM ARTICLE


By J. A. DE C. WILLIAMS, M.A., M.B., BCh., L.M.K.Q.C.P.I. Eng.

"Digestion is a natural process, carried on by natural agents, and the more closely we approximate our treatment to its normal plan of working, the better are the results obtained. This is more particularly shown by the fact that the 'vis medicatrix naturæ' will often accomplish a cure of disease without any extraneous assistance. 'Naturam expellas furcâ, tamen usque recurret.' The first indication in natural treatment is to clear out any offensive or toxic matters; the next is Rest, and this is as necessary for the stomach as for any other part of the body. Sir Dominick Corrigan used to say that a day's fasting did every man good, and it is notorious that the lower animals observe this when suffering from any traumatic or idiopathic affection of the stomach. Lastly, having removed the cause, and re-established muscular energy by quiescence, we must renew the digestive power (which has been lost or vitiated) by promoting secretory action; and, should it lie in abeyance, supply its place with digestive medicines as closely resembling the natural ferments as possible. The medicines used for this purpose may truly be called 'natural,' and a great many remedies have been put on the market (notably many preparations containing pepsin) purporting to effect a cure of dyspepsia. Some of them are little more than pepsin, in a state of greater or less purity. But, as digestion

is the result of action of the saliva, gastric juice, bile, and pancreatic secretion, etc., we require, to perfect it, a medicine which will supply all these elements, as it is often impossible to diagnose which of these substances may be wanting. **LACTOPEPTINE** contains all ingredients necessary to a perfect digestive agent, and I therefore prefer it to all other preparations'

"A glance at the formula of LACTOPEPTINE will convince the most sceptical of the valuable results that must ensue from its administration. Composed of ptyalin, pepsin, pancreatine, hydrochloric and lactic acids, it combines all the digestive agents. Where there is a deficiency in the system of all or any of these agents, LACTOPEPTINE will supply the want—so digesting food and enabling the organs that produce these principles to rest and recuperate their relaxed energies."—*Braithwaite's Retrospect of Practical Medicine and Surgery.*

"LACTOPEPTINE is a carefully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with the small proportion of acids always present in the healthy stomach. It is a most valuable digestive agent."—JOHN ATTFIELD, PH.D., F.R.S., ETC., *Prof. of Practical Chemistry to Pharmaceutical Society of Great Britain.*

 SAMPLES FREE TO MEDICAL MEN.

NEW YORK PHARMACAL ASSOCIATION, 30 Wellington Street East, TORONTO.

# FELLOWS' HYPO=PHOS=PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

## To the Medical Profession of Canada . . . .

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

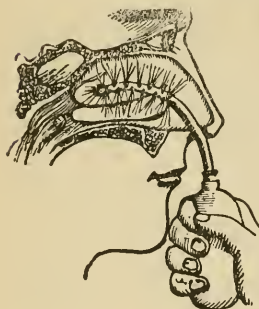
- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.  
 SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.  
 THIRD.—Its agreeable flavour and convenient form as a Syrup.  
 FOURTH.—Its harmlessness under prolonged use.  
 FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnea is so salutary that they sleep for hours after the first few doses.



## T. R. Co.'s CATARRHAL SYRINGE

**SOMETHING PRACTICAL AND INEXPENSIVE**

Splendidly adapted to the treatment of NASAL CATARRH.  
 Manufactured of the finest quality PURE RED RUBBER,  
 smoothly finished.

**SEND US A TRIAL ORDER**

**HAVE YOU SEEN**  
**THE CROWN ATOMIZER, No. 110?**

It is Unequalled in the Market for Price.  
**EVERYONE PERFECT :-: QUALITY GUARANTEED**

**THE TORONTO RUBBER CO. LTD.**

28 King St. West, TORONTO.





# CONTENTS.

	PAGE		PAGE
EDITORIALS:—		Nitro-Glycerine in Sciatica—The External Use of Salicylic Acid .. .. .	324
The Dispensary Abuse .. .. .	303	SURGERY: Ichthyol in Diseases of the Genito-Urinary Tract—A Case of Alopecia Areata, Producing Universal Baldness .. .. .	324
Should These Things Be? .. .. .	304	Extirpation of Aneurysms—Resection of the Cæcum .. .. .	325
Council Legislation .. .. .	304	Etiology of Appendicitis—Joint Tuberculosis—Ichthyosis; eczema .. .. .	326
BRITISH COLUMBIA:—		MIDWIFERY: The Bimanual Signs of Early Pregnancy—The Causes of Shoulder Presentation with Report of Case—Ectopic Gestation .. .. .	327
Correction .. .. .	305	Labour and Heart Disease—Gonorrhœa in Women—Treatment of Eclampsia .. .. .	328
Another Case of Leprosy .. .. .	305	High Temperature After Labour—Radical Cure of Prolapsus Uteri .. .. .	329
The Royal Jubilee Hospital .. .. .	306	THERAPEUTICS: Vinegar in Chloroform Sickness—Pyoktanin in Diphtheria .. .. .	329
Cases in Practice—Perforation of the Abdominal Viscera. By Ernest Hall, M.D., L.R.C.P.E. .. .. .	306	GYNÆCOLOGY: Dilatation of Cervix for Dysmenorrhœa .. .. .	330
An Unfortunate City .. .. .	308	PERSONALS .. .. .	330
PRINCE EDWARD ISLAND:—		OBITUARIES:—	
Sleep .. .. .	308	Dr. Brown-Sequard .. .. .	330
Supra-Pubic Lithotomy .. .. .	309	Dr. Workman .. .. .	331
ORIGINAL COMMUNICATIONS:—		BIRTHS, MARRIAGES, DEATHS:—	
Double Empyema. By J. Baugh, M.D. .. .. .	309	Boyle—Janon .. .. .	331
ANNUAL EXAMINATIONS.		MISCELLANEOUS:—	
Queen's University .. .. .	310	For Emphysema—For Pruritus Vulvæ .. .. .	332
Trinity University .. .. .	310	An Agreeable Salicylic Mixture—To Allay Itching in Skin Diseases .. .. .	333
McGill University .. .. .	313	Laryngitis—Tests for Albumen—Antiquity of Syphilis in Japan—Chilblains .. .. .	334
MEETINGS OF MEDICAL SOCIETIES:—		For Rosacea—Neuralgia—Personal Rights of Physicians .. .. .	335
West Toronto Territorial Association .. .. .	313	Baby with a Tail—For Sweating in Phthisis—To Abort Gonorrhœa .. .. .	336
CORRESPONDENCE:—		Some Interesting Letters—Boils .. .. .	337
Council Legislation .. .. .	315	Chilblains—A Society of Anæsthetists .. .. .	338
BOOK NOTICES .. .. .	316	Sanmetto does not Simply Obscure Pathology but it Cures—Diarrhœa in Young Children—Sweating Feet .. .. .	339
AN EPITOME OF CURRENT MEDICAL LITERATURE:—		Asthma—Acute Catarrhal Tonsillitis .. .. .	340
MEDICINE: Physical Diagnosis of Biliary Calculi—Chronic Rheumatic Throat Diseases .. .. .	318		
Treatment of Biliary Lithiasis—Neurasthenia .. .. .	319		
On the use of Bromide of Potassium and Salicylate of Sodium in Headache—The Treatment of Diphtheria .. .. .	320		
Treatment of Chronic Gastric Ulcer—Movable Liver .. .. .	321		
The Compensations of Combined Valvular Lesions—The Awakening Effect of Cocaine .. .. .	322		
The Diagnosis of Croupous Pneumonia in Infants—Tumour of the Testiform Body—Bismuth in Gastric Disease .. .. .	323		

# “LINTOS”

Prepared by JOHNSON & JOHNSON, New York.

## AN IMPROVED LINT

MORE ABSORBENT

MORE EASILY APPLIED

**Lintos** is a new fabric made of Absorbent Cotton felted in thin Sheets. Every fibre thoroughly cleansed, sterilized and antiseptic. Can be readily formed into Bandages, Pads, Tampons or any desired form of Dressing. Is a substitute for

**GAUZE**

**NAPKINS**

**COTTON**

**SPONGES**

**BANDAGES**

**TOWELS**

**ETC.,**

**ETC.**

## Advantages Over Lint.

GREATER ABSORBENCY—TEARS READILY—NO LOOSE FIBRES TO STICK TO THE WOUND OR CLOTHING—COVERS 50 PER CENT. MORE SURFACE THAN SAME WEIGHT OF LINT—CHEAP ENOUGH TO USE AS A TOWEL AND THROW AWAY WHEN DONE.

Notwithstanding these advantages Lintos is no higher in price than ordinary Lint.

Sample to any Physician's or Chemist's address on application.

**THOS. LEEMING & CO.**

SOLE AGENTS FOR CANADA

25 ST. PETER STREET, - - - - MONTREAL.

# Seeing is Believing

The cured patient is an ocular evidence of her physician's skill. Asparoline Compound will help you, Doctor, to cure Functional Dysmenorrhœa and Leucorrhœa patients. May we send you enough, free, to prove this assertion?

DR. F. C. BRUCE, of Easthampton, Mass., writes us:—

"In a case of Dysmenorrhœa of four years' standing—the worst case I have ever seen—which one grain of Morph. Sulph. would not relieve for more than half an hour, I gave a two-ounce bottle of 'Asparoline,' and it afforded more relief than had ever been experienced from any previous remedy. The second catamenial period following its use was unattended by any pain, and only one teaspoonful was then taken. The patient now describes her periods as painless.

"I have used 'Asparoline' in Post-Partum pains, in Menostasis and in Menorrhagia, and I am convinced that if there is a panacea for uterine and ovarian diseases, 'Asparoline' is that panacea."

## FORMULA.

Parsley seed .....	Grns. 30
Black Haw (bark of the root) .....	" 60
Asparagus seed .....	" 30
Gum Gualacum .....	" 30
Henbane leaves .....	" 6
Aromatic .....	

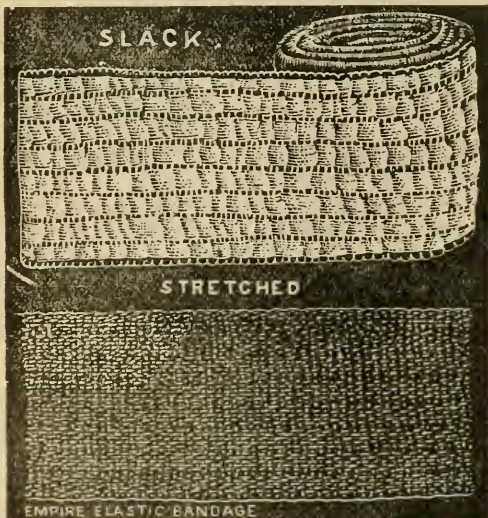
To each fluid ounce.

PREPARED SOLELY BY

## HENRY K WAMPOLE & CO.

Pharmaceutical Chemists

PHILADELPHIA, PA.



### THE EMPIRE ELASTIC BANDAGE.

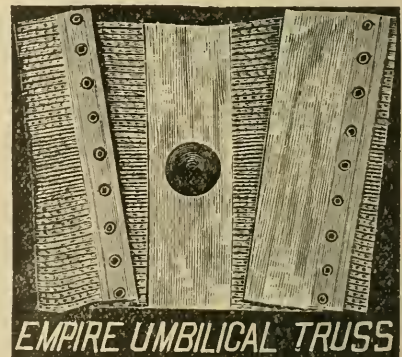
Specially adapted for varicose veins, and superior to elastic stockings. The most elastic and absorbent bandage made. Price, 3 in. x 5 yd., \$1.00.



### THE EMPIRE ABDOMINAL SUPPORTER

Is the best, cleanest, coolest, most comfortable and efficient supporter in the world. TRY IT.

PRICES: 8 in. wide, \$2.50;  
11 in. wide, \$3.00.



The Empire Umbilical Truss is an 11 inch supporter, with button inserted at the navel. Price \$4.00.

The above prices are net to Physicians, postage paid, upon receipt of price. Satisfaction guaranteed.

## EMPIRE MANUFACTURING CO., LOCKPORT, N.Y., U.S.A.



# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the *convolvulus scammonia* of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gt. x.  
 — Hyd. Subchlor .....gt. ii.  
 Fiat pulv.  
 Sig. —. H. S. S. —.

## COMPLIMENTARY TESTIMONIAL:

TORONTO, JANUARY, 1894.

MESSRS. J. C. GRAY & Co.,  
*Manufacturing Apothecaries.*

GENTLEMEN,—I have used your **Vermifugin** frequently as an anthelmintic, and find it very convenient and efficacious.

Yours,  
 J. T. ROBINSON, M.D.,  
*Resident Physician, Hospital for Sick Children.*

**JOHN C. GRAY & Co.,**  
**MANUFACTURING APOTHECARIES,**  
**TORONTO, CANADA.**

N.B.—Price to Physicians and Retail Druggists, \$1.00 per ounce bottle.



# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine. —CHARLES F. HEEBNER, Ph.G., Phm.B., *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., R'd,  
BROCKVILLE, Ont.

# The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



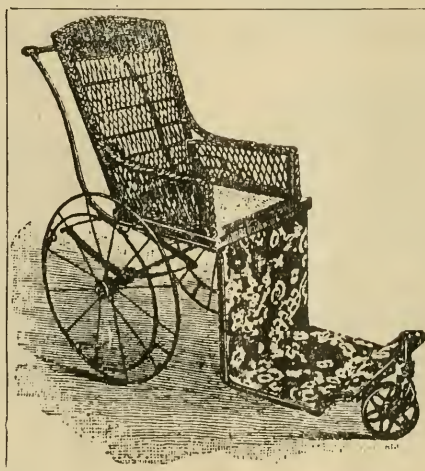
INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

The American Antipyretic, Analgesic and Anodyne.

# Antikamnia

— OPPOSED TO PAIN. —

Gives Desired Results in the Crises of Locomotor Ataxia, Neuralgia, Sciatica, Rheumatism, Pneumonia, Menstrual Neuroses, Typhoid and



NO DRUG HABIT INDUCED—NO TOXIC EFFECT

SEND TO THE ANTIKAMNIA CHEMICAL COMPANY, ST. LOUIS, MO., FOR SAMPLE MAILED IN "VEST POCKET BOX," FREE. SPECIFY ANTIKAMNIA (GENUINE) ON YOUR PRESCRIPTIONS.

"The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated."—*Courier of Medicine.*

A SUCCEDANEUM FOR MORPHIA.

## ELIXIR ALETRIS CO.—E.B.S.

**STRENGTH.**—Each fluid drachm contains the active constituents of Aletris Farinosa, 10 grains; Viburnum Prunifolium, grains; and Cimicifuga Racemosa, 2½ grains.

THIS combination was designed to meet the requirements of gynecological practice by supplying a uterine sedative which could be used in place of Potassium Bromide, and which would not be open to the well-known objections that have been urged against this salt. The testimony received since this elixir has been before the profession is sufficient to warrant the assertion that it has fulfilled admirably the required purpose, while a secondary tonic action, due to the Cimicifuga, renders the combination pre-eminently valuable.

Its use is specially indicated in case of a tendency to abortion, and may be continued during the entire period of gestation.

**T. Milburn & Co.,**

WHOLESALE AGENTS,

TORONTO.

FOR

## Dysentery and Diarrhœa

OF CHILDREN

**R** latrol - gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

**Dr. J. H. Sackrider, of East Randolph, N. Y.,** says: "The first case in which I used latrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use latrol in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in *very warm* water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

**CLINTON PHARMACEUTICAL CO.,**  
Manufacturing Chemists **Syracuse, N. Y.**

CANADIAN BRANCH: BELLEVILLE, ONT. P. O. BOX 84.



## Doctor

IF YOU WILL  
... INVEST

**\$10**

**1- TWO AUTOMATIC  
DRIVING LAMPS**



They will make your night work a source of pleasure.  
Illustrated Circular on application.

**S. L. REEFY, M.D.,**  
EDINBURG, ILL., U.S.A.

## R. M. MELVILLE

**General Steamship and Railway Agent,**

NEXT GENERAL POST OFFICE, TORONTO.

TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.

TELEPHONE 2010.

## HOW TO READ With Comfort and Profit

HOLLOWAY'S

READING STAND and  
DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the Century Dictionary. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



ILLUSTRATED CATALOGUE FREE.

THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.

## BATES & DODDS, = Embalmers =

931 QUEEN STREET WEST,

CORNER STRACHAN AVENUE,

TORONTO.

TELEPHONE No. 513.

## Kenny's Celebrated Hair Restorer.

A VALUABLE East Indian remedy. Restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. **50c. and \$1 a bottle.** Manufactured only by

**SERGT.-MAJOR JAMES KENNY,**

BRUNSWICK BLOCK

370½ College Street, TORONTO.

For Sale by Druggists and Manufacturer.

Orders by Mail promptly attended to.

Meetings, Etc., Reported . . . . .

. . . . . Examinations taken outside of Toronto

**ALEX. DOWNEY**

**CHARTERED STENOGRAPHIC REPORTER**

Official Reporter Admiralty Court  
Official Reporter Col. Ph. and Sur., Ont.  
Commissioner for Quebec  
Commissioner for New York

TELEPHONE 421

79 Adelaide St. E., Cor. Church St., = Toronto  
(FIRST FLOOR)

**Medical Practice . . . . .**

AND

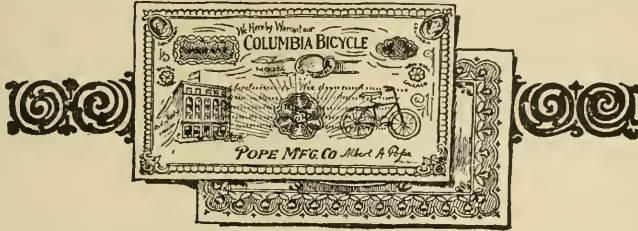
**. . . Property for Sale**

In Western Ontario; fine roads; good country and village practice; farmers wealthy; practice last year was nearly \$4,000. All communications to be addressed to

J. E. B., 147 COWAN AVE., TORONTO



# THE VALVE OF THE COLUMBIA GUARANTEE



## IS RECOGNIZED BY ALL WHEELMEN

**S**INCE the construction of the first Columbia Bicycle, Columbia dealing has been characterized by exceptional fairness and liberality. No failure on our part to acknowledge a fault has ever been recorded against us. Pioneers in bicycle construction, we have finally passed through and beyond the experimental stage until to-day in offering our splendid line of new wheels, we assert unhesitatingly that they are without flaw or fault that can be prevented by human foresight and scientific skill. From a thorough analyzation of the raw material by an expert metallurgist through a rigid system of testing unsurpassed in effectiveness by any machine works in the world, the Columbia Bicycle leaves the hands of its makers perfect in every fundamental principle.

**POPE MFG. CO.** BOSTON, NEW YORK,  
CHICAGO, HARTFORD.

Our illustrated catalogue will tell you all about Columbias at \$125. It is free at our agencies, or we mail it for two-cent stamps.

# Ontario Medical Association

FOURTEENTH ANNUAL MEETING, JUNE 6TH AND 7TH, 1894.

THE ANNUAL MEETING of the above Association will be held in the CITY OF TORONTO, on WEDNESDAY AND THURSDAY, JUNE 6TH AND 7TH.

Return tickets to delegates and wives at ONE AND ONE-THIRD FARE.

Papers are invited. Gentlemen desirous of reading papers or presenting cases before the Association are requested to notify the Secretary by the first of May, of the title of such paper or case, for submission to the Committee on Papers and Business.

Forms of application for membership may be obtained from the Assistant Secretary.

L. MCFARLANE, *President*, TORONTO.

D. J. GIBB WISHART, *General Secretary*, 47 GROSVENOR ST., TORONTO.

J. N. E. BROWN, *Assistant Secretary*, 552 CHURCH ST., TORONTO.

## Doctors! Why not use a Bicycle in your Practice?

IT WILL SAVE YOU AN EXTRA HORSE, AND IS ALWAYS READY  
FOR THE EMERGENCY CALLS

### The "NEW RAPID"

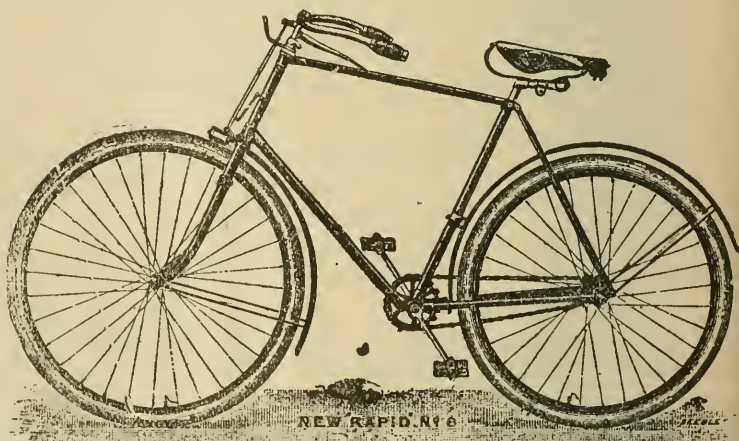
Is one of the highest grade English Bicycles, and is ridden by more Doctors than any other make.

It is strictly high grade, easy running, durable, and sold at a dry goods profit for spot cash.

It is, therefore, to your interest, Doctor, to ride the

### "NEW RAPID"

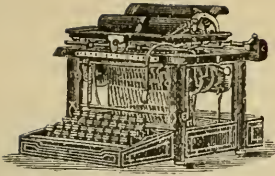
Enquire of your local agent, and if there is none in your town write to us.



THE T. EATON CO. LIMITED

190 YONGE ST., TORONTO.





# Remington Typewriter



SIMPLE  
RAPID  
DURABLE

☞ MACHINES RENTED. - OPERATORS SUPPLIED. ☞

**GEORGE BENGOUGH,**

Telephone 1207.

**45 Adelaide Street East, TORONTO.**

## CHEMICAL LABORATORY.

**Dr. A. R. Pyne,**

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.  
Milk, quantitatively - - - 2.00.  
Water and Urine, quantitatively, each - 5.00.

*SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.*

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

**A. R. PYNE, M.B.**

*University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).*

## The Medical Profession

Will find no other invention of modern times that has done so much to economize time and to lighten the labours of overworked professional men as the

**Remington  
Typewriter**

## NOTICE TO THE MEDICAL PROFESSION

OF MANITOBA AND BRITISH COLUMBIA.



Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring Trusses or Surgical Appliances for diseases of the Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc., or an Artificial Limb for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

**AUTHORS & COX,**

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses  
and Surgical Appliances.



# SHORTHAND\_\_\_\_\_

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

## **Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

\_\_\_\_\_ **BUSINESS**

# Canadian Medical Practice and Partnership Office.

ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

APRIL 26th.

The Office has been at extra pains to secure for those about graduating a number of practices suitable to junior practitioners.

These will be within the means of everyone to negotiate, and reasonable time will be given for payment if requested.

Gentlemen desiring to purchase will kindly specify the class of practice they are able to negotiate.

Class A will require, at least, \$2,000 cash for first payment. Class B will require, at least, \$1,000 cash for first payment. Class C will require, at least, \$750 cash for first payment. Class D will require, at least, \$500 cash for first payment. Class E will require, at least, \$100 to \$400 cash for first payment.

It will be understood that enquiries in any particular class will indicate to the Office the limit of cash the purchaser wishes to invest, and all practices upon the Register in that class will be sent in fullest details.

**Six good openings** for Junior Graduates of limited means, neither property equipment nor bonus required; all these openings from \$1,000 to \$1,500 are sure, \$100 for choice.

The following is only a partial list of those registered for sale:—

**\$5,500 good practice in live western town**, fine opening for active, ambitious man.—F-27.

**\$5,000 Finest practice west of Toronto**, large thriving manufacturing centre, property on best corner in town, practice \$5,900 a year, hospital and other appointments to purchaser of property. This is the best opening on Register this month, for smart active man of a few years' experience having a little money.

**\$3,500 practice**, all cash, country town, for cost of property.—C-7.

**\$3,500 in manufacturing centre**, with lease of centrally located residence and three months' introduction, \$1,000, half cash.—J-18.

**\$3,500 in live town**—with large country field—splendid pay, good introduction. For cost of property \$3,000, \$1,000 cash, balance on easy terms. Methodist or Presbyterian.

**\$3,500 practice in live eastern town** with good appointments, no property to buy; can secure excellent introduction and lease of good central residence, \$1,000. Half cash, balance in a year.

**\$3,000 practice in manufacturing town**, special appointments netting over \$500 a year, small opposition, splendid connections, less than cost of property—\$4,000. Cash required, \$1,000. An excellent opening for Methodist or Catholic. Easy terms.

**\$2,500 rich country village**, \$1,000 cash on property, balance to suit.—D-21.

**\$2,500 unopposed practice**, in central Ontario village, 400 population, large rich field; for cost of house, \$1,500. This is an exceptional opening, and purchaser need only pay \$500 cash.

**\$2,250 in good northern town**, excellent chance for young Presbyterian, only the cost of house required.—E-16.

**\$2,000 unopposed practice**, centre of Ontario, rich farming country, \$500.—E-13.

**\$1,800 good village and country practice**, house on lease \$100 a year, bonus \$250. Good chance for active Presbyterian.—J-7.

**\$1,500 village**, best country, rich farmers, good roads, for value of property.—F-8.

**\$1,500 village and country**, unopposed, with drugs and office equipment, \$350.—L-4.

**\$1,200 practice**, unopposed, fine country, \$300.—M-25.

For **\$500 cash**, residence of retired physician may be leased and good introduction given, where \$2,500 to \$3,000 could easily be made by competent man.

**Capital opening**, through illness, in Toronto, in thickly settled location; doctor thoroughly established, and can get good connection for successor. May buy or lease.

**May 1st—I want a \$2,500 to \$3,500 practice** in large western town, Woodstock, London, Chatham, Hamilton, Brantford, or other large place suitable for an experienced surgeon. Tired of country practice. Property must not be more than \$4,000. Those desiring to meet purchaser kindly write particulars at once.

**ALBERTA**.—Two excellent practices, unopposed, in Alberta District—\$500 and \$350.

**BRITISH COLUMBIA**.—Three practices on Vancouver Island and mainland, for transfer on very reasonable terms.

**Good opening** for young man on Vancouver Island, in thriving locality, \$250.

**MANITOBA**.—This Office can secure for Manitoba graduates for \$100 three openings in southern and four in western parts. In any of these locations \$1,000 may be made the first year.

**NOVA SCOTIA**.—\$2,500 practice in middle of Province—village—large field, owner retiring for health; sell property for \$1,500, \$1,000 cash; excellent opening for Presbyterian.

**Good \$3,000 practice** in large seaboard town for cost of furniture and equipment—going south for health—Methodist or Presbyterian, for \$1,500 cash or approved paper.

**Practice of \$2,000—Wanted**—for French confrere.

**QUEBEC**—Wanted—Two practices from \$3,000 to \$4,000, in English-speaking community, for graduates of Montreal.

**Lot of Standard Medical Works, contents of leading Physician's Library:** Pathological Atlas, by Martin, Berlin, Coloured, \$15. Fox's Atlas Skin Disease, 2 vols., \$10. Oxygen Generator, \$10. Number of Instruments—almost new—very cheap: cases, forceps, etc.

**Locum tenens.** I have always at the service of the profession three gentlemen, with foreign qualifications, to act as locum tenens.

I am constantly receiving inquiries for good openings at fair terms, and would request those having practices of real value, who desire to dispose of them, or to sell a share, or get assistants, to register them without delay. Those desiring to purchase may be assured that only those practices will be registered which are of the very best and the details of which are strictly accurate.

All communications are strictly confidential.

Letters must be direct from medical practitioners only, and must enclose stamp for reply, otherwise they will remain unnoticed.

Address—

DR. J. E. WHITE, 185 CARLTON STREET, TORONTO.

**COMPLETED!!!**

The Fourth Volume of

# **FOSTER'S ENCYCLOPÆDIC** **MEDICAL DICTIONARY . . .**

Thus finishing one of the Grandest Literary Monuments of the Age, the preparation of which has consumed Twelve Years of Unremitting Labor.

Being a Dictionary of the Technical Terms used by writers on MEDICINE and the COLLATERAL SCIENCES, in the LATIN, ENGLISH, FRENCH, and GERMAN LANGUAGES.

**By FRANK P. FOSTER, M.D.,**

*Editor of the "New York Medical Journal;" Librarian of the New York Hospital.*

## **PUBLISHERS' ANNOUNCEMENT.**

**T**HE publishers are pleased to announce the publication of the **FOURTH AND CONCLUDING VOLUME** of this valuable and important work. The same careful editorial supervision and verification has been expended on this that are indicated in the preceding volumes.

## **THE STANDARD AND THE BEST.**

Hasty, indifferent work, and careless editorial supervision, are too frequently found in the compilation of reference works, always with unsatisfactory results to the student; and some recent publications in line with this Dictionary are not exceptions to this charge, as an examination and comparison of them will show. It is only just to say that it has been the ambition of all connected with the preparation of **FOSTER'S MEDICAL DICTIONARY** to provide the profession with the most satisfactory and only comprehensive Medical Dictionary published.

THE DICTIONARY is in Four Imperial Octavo volumes of about 750 pages each, and in twelve Sections of about 250 pages each. The sections are strongly and tastefully bound in heavy muslin-covered boards, with the view of avoiding the necessity of rebinding in volumes.

SUBSCRIPTIONS are accepted only for the entire work. Prospectus and price-list will be sent on application.

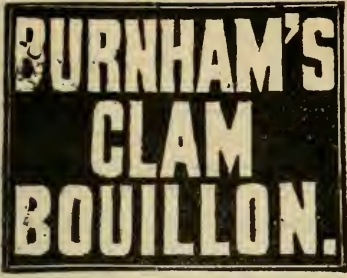
**D. Appleton & Co., Publishers,**  
**NEW YORK.**

**CANADIAN AGENCY:**

**63 YONGE STREET, TORONTO.**

**GEO. N. MORANG, Manager.**





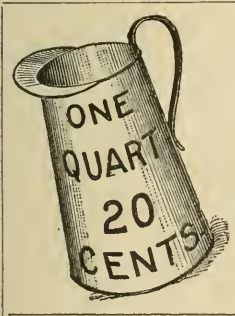
## A Food That Takes One Back To First Principles.

### WHAT IS IT?

Containing phosphorus, lime and sodium, which are essential to the animal organization and vitalization, and furnishes, in its relation to its weight and volume, the greatest possible quantity of nutritive principles. Nutritive principles, as is well known, are thermogenic elements. It satisfies the taste without producing too quickly the sensations of satiety, and contains that valuable property of ease of digestion in the stomach and readiness of absorption in the intestines.

### A PLAIN STATEMENT.

Burnham's Clam Bouillon is **guaranteed** to be strictly pure and free from any antiseptics or preservative whatsoever, and the



manufacturers will pay **\$100.00** to any chemist who, upon analyzing, finds in it any substance not naturally present in the clam. It is more strengthening than milk or extract of beef, is easily prepared by adding hot water, and is much cheaper. You will find it a very acceptable change from the long list of beef and other food

products now offered. **Specify Burnham's Clam Bouillon, which is put up only in glass bottles.** A sample bottle will be sent free to any physician upon application to the

**E. S. BURNHAM COMPANY,**

120 Gansevoort St.,

NEW YORK.

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## COD LIVER OIL AND IRON

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

Put up and sold only by

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

**A. R. PYNE,** M.B.,  
Dominion Analyst.

# Ferrol Manufacturing Co.,

Retail by all Druggists . . .

HEAD OFFICE:  
**205 SPADINA AVE., TORONTO.**

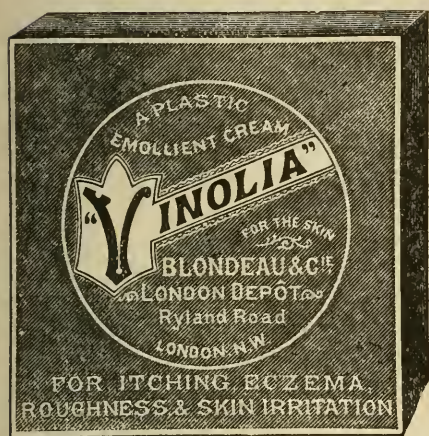
# “Vinolia”

EMOLLIENT  
SAFE and  
PURE

FOR SENSITIVE  
SKINS

## Soap

Premier, 15c.; Floral, 20c.; Balsamic, 25c.; Toilet (Otto), 35c.;  
and Vestal 85c. per tablet.



# “VINOLIA”

THE CHOICEST OF

## CREAMS

For itching, face spots, eczema, chaps, chilblains, skin irritation,  
etc., etc.

**RELIEVES ITCHING AT ONCE**

“An emollient cream for the skin in eczema, rash, eruptions, etc.”—*Lancet*.

50c., \$1.00, and \$1.75 per box.

# “VINOLIA” POWDER

**SOLUBLE, SOOTHING, SAFE**

For Toilet, Nursery, Perspiring Surfaces, Redness, Roughness,  
etc., etc.

“An impalpable rose-dusting Powder; soluble, of remarkable fineness, and well  
adapted for the nursery, toilet, weeping surfaces, etc.”—*British Medical Journal*.

50c., \$1.00, and \$1.75 per box, in Pink, White, and  
Cream tints.



**BLONDEAU & CIE., 73-77 Watts St., NEW YORK**

ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.



# **SYRUP TRIFOLIUM**

---

## **COMPOUND**

---

Acts most happily in the various skin affections which prove so often unamenable to treatment.

In many forms of skin disease it will be found that digestion and assimilation are at fault. The blood becomes surcharged with the effete products of oxidation, which are not completely eliminated by the bowels, kidneys and skin as in normal health. In such cases Syrup Trifolium Compound will, by stimulating the action of the bowels, kidneys and skin, adjust the balance of the processes of waste and repair and markedly improve the existing skin affection.

It is, however, as a

### **GENERAL ALTERNATIVE**

that Syrup Trifolium Compound may be employed with the greatest success. Administered to patients with sluggish circulation, constipation, anorexia, cold extremities, flabby muscles and general malaise, its tonic action is very manifest.


A sufficient quantity for practical investigation we shall with pleasure forward to any physician who will defray expressage. We would also include specimens of other Seasonable Specialties, with literature apropos.

**PARKE, DAVIS & CO.,**  
**Detroit, New York, Kansas City, U. S. A.,**  
and **WALKERVILLE, ONT.**

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

 All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, APRIL, 1894.

[No. 9.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### THE DISPENSARY ABUSE.

The *New York Academy of Medicine* thought fit a few months ago to have a long discussion on this subject, with the best methods for the remedy thereof. This condition of affairs, known by a very large superabundance—if we may be allowed to be tautological—of free institutions for medical treatment, does not only exist in the United States, but over all English-speaking countries, especially in the centres of population.

A charitably inclined man, or a few like-minded women, acting either through real kindness, or for the sake of notoriety, at some time or other, think it incumbent on them to supply a place where poor (*sic*) people may obtain medical advice free, with medicine thrown in, as a sop to bring them there. The idea, no doubt, is good, and if carried out properly should be, and is, of great service to the poor. The trouble is that these things are all carried too far. If they could be limited to those unable to pay for the treatment of their ailments, no complaint could possibly be made, but, unfortunately, no limitation is set on them. The great majority of cases which go to these free institutions would be quite easily able to pay their way if requested to do so. Instances of this kind are

everlastingly cropping up, and could be easily enumerated.

One case in point: A physician was called to one end of the city to see a case. The woman said she had been to Dr. ———, and no good had resulted. She then began to deride the physicians in connection with the dispensary she had gone to, etc., and after attendance was over, a bill of over thirty dollars was paid in a lump, and without a murmur. We would like to quote another which happened just the other day. A lady, with carcinoma of breast, living in a large house, was persuaded to go to a hospital for operation, because she would there be attended to for nothing. The known income in this case is \$2,800. These ordinary dispensaries are not the only evil the practitioner has to contend with. A workman, in receipt of good wages, falls and breaks his leg, or his arm, or injures himself in any way; ambulance telephoned for, comes along and carts him off to a hospital, in many instances against the will of both the patient and his friends.

The *New York Times* mentions a case. A man fell from a public building; the ambulance not arriving, he was removed to his home, and paid the attending surgeon \$150 for his extended treatment.

Is there any other profession or trade where men devote so much of their time to work looked

upon as charity? Do lawyers give free consultations; railways, free rides; or anybody, free anything, because the applicant happens to have hard times, or, indeed, in many instances pretended hard times? There cannot be the slightest doubt that thousands of patients who attend these institutions are quite able to pay their way, and why is it not insisted on. Even lately here we have had opened two more free dispensaries.

Contrast this condition of affairs with the present financial position of most medical men. The stock is very much overdone. Benevolent societies claim their share. Payments, as a rule, are slack, in fact at present bad, and yet many who are able to pay their bills are supplied with both medicine and advice free.

---

### SHOULD THESE THINGS BE?

Some time ago we regaled ourselves by reading in a Western newspaper a long account of an operation for appendicitis in a tiger by a New York specialist. Imbedded in the appendix there was found one of the rims of a pair of spectacles; this was removed along with a large quantity of pus, and at the time of the writing of the above mentioned article, both patient and physician were doing as well as could be expected—the patient, physically: the physician, financially. Almost simultaneously with the above there appeared in one of our Toronto dailies a long description of an operation by an Ontario specialist which was quite as unique in character as the one just mentioned. No doubt these two specialists would call down the wrath of the *gods* upon the editors of these papers; but strange as it may seem, an epitomized account of the operation by the Ontario man appeared in the columns of at least one country newspaper for two weeks hand-running. We trust our friend is “doing as well” as the New Yorker.

Since our last article upon this subject appeared, we have received clippings from newspapers as far east as Prince Edward Island, and some from the west. From these one learns of many forms of petty advertising. A favourite plan seems to be to relate the account of an operation, telling who the

patient is, what the operation was, who did it, and who assisted. If such a state of affairs continues and, like medical (?) science in its various branches, becomes progressive, the leading citizen must not be surprised to find upon his breakfast table some morning, a neatly engrossed envelope, from which he will extract a still neater card of invitation to an operation upon Mrs. Blank by Dr. Blanker and his Blank assistants.

The other day, upon looking into a so-called “album,” we were not a little amused to meet many familiar faces, under which were little explanatory notes telling who they were, what their position in the profession is, and the many difficulties they had to overcome in the attainment of such an altitude. It would be difficult to say just how much each man paid to have his photo printed, or how many books he guaranteed to take in order to be thus honoured among prominent Canadians. Heretofore we had laboured under the delusion that canvassers for these books confined their attention to clergymen and politicians, but, unfortunately for the dignity of our profession, it seems not. Nor are albums the only place where the average reader is likely to see the picture of his family physician, for of late some of our Toronto papers have been entertaining us—yea, even in a wholesale manner! Doubtless the men whose photos have already appeared are still wondering (?) how those papers obtained *their* picture.

In a subsequent issue we may have something to say about professional cards and, maybe, handbills.

---

### COUNCIL LEGISLATION.

Dr. McLaughlin says rightly that he is using bold words, and evidently, according to his own judgment, he is quite within his province in using them. But there are always two sides to a question, and surely we may be permitted to look at the other side of the shield, and see if it be made of the same metal as that on which our correspondent has his eyes. To begin with, we wish to say nothing of the Doctor's judgment, as we think he, being a reliable man, speaks as he believes,



and to say that we are not going to make a defence of the Council, but simply put a few of our own views on paper. Of course, if they happen to be in favor of one side or the other, we again assert that it is only our own ideas that are being aired.

All close corporations have their basis on pretty much the same ground and have a privilege of guarding their interests. If it were not so, the object of the existence of that corporation would be defeated at its first step.

The law gets a fee, supplies reports to and allows lawyers to practise. If the fee is not forthcoming, a stopper is soon put on the delinquent. The Pharmaceutical Council demands a fee, supplies a journal and its privileges on payment of that fee. Non-payment ensures quick action against the debtor. Enough said.

The Medical Council demands a fee, or did do so up to the time of change in legislation, and in so acting was quite within its powers. Dr. Bergin's motion as to the removal of names from rolls, and Dr. Harris' motion, with reference to sending out of Annual Announcements, were quite within the law, and in no way, in our opinion, could they be cavilled at. The legislation, in spite of Dr. McLaughlin's remark, was not in any way secret. The idea of not sending out the Announcement was simply to fulfil the by-laws, as the statutes only required the privileges of the College of Physicians and Surgeons to be accorded to those who had carried out their part of the contract.

Legislative enactment requires bills to be on paper before the meeting of the House, and if this one of the Council's were late in coming on, it was not from any delay put forward by the members of this body. Surely it is known that delay or otherwise depends entirely on the members of the Legislature itself.

Can Dr. McLaughlin quote a case similar to that of John Smith, M.D.? We would like to hear of it, and are afraid it was an extreme interpretation of the section.

In conclusion, if any member of the medical profession acts as a quack or fakir, why should not he fall under any section of the Act as well as such men from the States?

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

**CORRECTION.**—In the article on the "Thyroid Gland," the title of the pamphlet received from Dr. Osler treated on "Tubercular Pericarditis," and not "Tubercular Periconditis," as it appeared in the JOURNAL.

### ANOTHER CASE OF LEPROSY.

Another case of leprosy was unearthed a few days ago in the Chinese quarter in Vancouver. It was of the tubercular variety and had been in the city for three months. The patient had been in Montreal, Toronto and other Canadian eastern points, and finally drifted to Vancouver with the hope of obtaining passage on one of the C. P. R. steamers to Hong Kong. He has a wife and family living in Canton, a hundred miles or so from Hong Kong, but he will never see them again for he is now a resident of the leper colony on Darcy Island. Not that there would be any difficulty in getting away from the colony, as it is only separated by a narrow passage of water from San Juan, a neighbouring island on the American side; but recapture would be inevitable and only a change of prisons would be the result. It would make some difference to the city of Vancouver, however, inasmuch as it has to supply the unfortunate patient with food, raiment and shelter during the remainder of his existence, whatever length that may be. This is the second patient kept at the expense of that city, the Board of Health of New York city having, a few years ago, sent a leper all the way across the continent to foist him upon the people of Vancouver. He is still on Darcy Island, but from last reports he was in a very low condition, and though the city council of Vancouver is far from being composed of unkind or uncharitable men, it is nothing but natural to suppose they would be glad to hear of the good celestial taking his flight to his home beyond the skies. What is wanted in this province is a lazaretto, maintained at the expense of the Dominion Government, such as is the case at Tracadie, Nova Scotia. It is simply an outrage that Vancou-

ver and Victoria should be dumping-grounds for this class of people. With one exception the patients are Chinese, from whom the Dominion Government receives fifty dollars per head on landing here, and it is nothing but simple justice that people of that nationality when afflicted with leprosy should be cared for at the expense of the Dominion at large, more particularly when both the patients discovered in Vancouver were recent arrivals from the eastern parts of Canada and the United States. We trust that the attention of our representatives now at Ottawa will be called to this matter, and efforts should be made to have something done this session to remove this disgraceful condition of things. A couple of good, strong resolutions by the city councils of Victoria and Vancouver, we feel assured, would go a long ways just now in strengthening the hands of our representatives in their efforts to obtain redress of our grievance in this respect. We trust they will be forthcoming before it is too late.

#### THE ROYAL JUBILEE HOSPITAL.

This splendid institution has been in financial difficulties lately, but we are pleased to see that with the combined aid of a city and government annual grant, both of which are to be given it, the Jubilee Hospital's future is assured. The expense of running such an institution was very great, and it was surprising to many when it was learned that a deficit existed of some \$35,000. Hitherto the hospital has been run on private subscriptions almost entirely, and as it was to all intents and purposes the public hospital of the city of Victoria, it seemed rather an anomaly that the corporation of that burgh did not contribute anything to its maintenance. There were some hints thrown out at several of the public meetings on the question of the city taking the hospital over at dissatisfaction with regard to exclusiveness in the medical attendance, but with a recognized board of directors there should be no difficulty in arranging a satisfactory condition of things for all concerned in that particular respect. We do not pretend to know anything at this distance (Vancouver) of the grievances of the medical men at the capital, but we can testify to the good work done by the staff (particularly in surgery) of the Jubilee Hospital.

Some time ago we published an article on that subject to which we refer our readers. We hope we have heard the last of the financial and other troubles of the Royal Jubilee Hospital.

#### CASES IN PRACTICE—PERFORATION OF ABDOMINAL VISCERA.

H.P., labourer, aged 38, lived with his family; engaged in rolling logs in mill-yard. No previous history of illness. Complained of soreness in lower part of abdomen, after returning from work on Saturday evening. Was seen by a physician Monday evening, when diagnosis of subacute peritonitis was made. No vomiting; temperature normal; moderate tympanitis; constipation. Symptoms continued much the same until Tuesday night, when severe vomiting occurred, with indications of sepsis. Saw patient Tuesday noon; was vomiting, pulse rapid and weak, abdomen distended. Recommended and received permission to adopt surgical measures, as affording the only hope of relief; but upon arriving at the hospital his condition was such that operative interference was considered unjustifiable, death ensuing three hours after his admission.

*Post mortem* by Dr. Richardson, house surgeon. Purulent peritonitis; appendix normal; directly anterior to upper part of sacrum was found a well-defined abscess, containing some four ounces of offensive pus, some faecal matter, and a piece of resinous fir wood, one and three-quarters inches in length, irregularly pointed at ends, and as thick as a lead-pencil. Leading into this abscess, and explaining this collection, was perforation of the sigmoid flexure of colon. No information had been offered by patient relative to the swallowing of any such body. The only possible explanation that could be given by the family was that three days previous to the commencement of patient's illness, he had slipped from a log into deep water, and while struggling might have unconsciously swallowed the piece of wood.

W.R., carpenter, aged 51, lived with his family. Had been a sufferer from occasional attacks of "dyspepsia," but during the last two years had enjoyed excellent health, until within the last two months, when he began to suffer from exhaustion, with occasional pain in region of pylorus; also lost



considerable weight. After returning from church Sunday evening, experienced severe pain in stomach. Monday his physician administered sedatives, but without relieving the pain. Was called following day to see patient; temperature,  $100\frac{1}{2}$ ; pulse, 80; some tympanitis, abdomen rigid and hyperæsthetic, bowels costive; was unable to lie down, and in severe agony; no vomiting. Salines failed to cause action of bowels, as also did calomel and croton oil. Next morning patient appeared cheerful, had taken considerable food, but pulse more rapid and compressible. Considering that the gravity of the case justified a section, at least, as an aid to diagnosis, if not to relieve the cause of the trouble, I requested consultation, with this end in view. This was refused, and not until the following day, when patient was in an extreme condition, was my request granted. Patient was removed to Jubilee Hospital, and coeliotomy was performed by Dr. Davie, on afternoon of Thursday. Intestines deeply congested; general peritonitis; appendix normal; abdomen obtained about a pint of greenish, opaque fluid, some pus, and few large flakes of greenish lymph. The anterior part of stomach, liver and parts in contact, were united by adhesive inflammation, and formed an abscess wall complete, except in one part, through which the contents of this cavity passed into the general peritoneal cavity. Upon the anterior surface of the stomach, within one inch of pylorus, was a circular perforation, one-third of an inch in diameter, through which the gastric contents poured into the abscess cavity. There were no additional indications of ulceration, nor were any cicatrices to be seen. The pylorus was found somewhat thickened and contracted, but, to the naked eye, presented no indications of malignancy. The pylorus was dilated by the finger; the abdomen flushed with sterilized warm water; the stomach was brought in contact with the abdominal wound, and the margins of the ulcer united with the surface, thus making a gastric fistula opening externally; an iodoform drainage inserted, dressings applied, and patient removed to bed; passed a satisfactory night; food and stimulants given by rectum. Wound dressed following morning; perfect adhesion had taken place, completely cementing the peritoneum; some little discharge from stomach upon the dressing. Patient expressed himself as

feeling comfortable, notwithstanding the continuance of the general peritonitis. Towards evening heart showed evidence of failure, and death ensued following morning. No *post mortem*.

It seems reasonable to suppose that, had surgical measures been used previous to rupture of abscess wall, which nature had formed by adhesive inflammation of contiguous viscera, and this before the peritoneal cavity had been infected by the contents of the stomach, a satisfactory result might have been obtained, as death was the direct result of general septic peritonitis.

In reflecting upon these two cases it seems opportune to call attention to the fallacy of depending upon the thermometer as indicating the intensity of intra-abdominal inflammation. The history of appendicitis is teaching us this lesson, and goes far towards convincing us that it is not without reason that some of the most successful abdominal surgeons have excluded thermometers and temperature charts from their wards. Again, *re opium*, it may not be unnecessary to repeat what has been so often told us, yet with such little effect upon our daily practice. We are too apt to resort to opium, as some practitioners of ancient prestige resort to alcohol, as a mantle to cover our ignorance, a sweet nepenthe which, while it may temporarily soothe, renders the patient incapable of giving us that assistance in diagnosis that we too often require. Our mortality would be lessened if opium and its preparations were erased from the pharmacopœia.

The hypodermic syringe, which has become the boon companion of some of our practitioners, should be placed high up on the shelf, and labelled "dangerous." The administration of opiates, if not wholly proscribed, should be used with the greatest caution until a satisfactory diagnosis has been made; and especially should this procedure be followed, where the indications are those of intra-abdominal lesion. In such cases where tenderness or rigidity is too great to allow a satisfactory examination, it is better to give an anæsthetic and make a complete examination. The cases will then usually divide into two classes, the one indicating salines, the other indicating surgical measures. Whatever is done delay is inexcusable, and lives should not be jeopardized by the delay which characterizes the action of many younger practitioners in hesitating to call the assistance of



an experienced surgeon, when such can be had in the locality. By consultation with men of greater experience, not only would the interests of the patients be conserved, but no small profit would accrue to themselves, as our greatest advances are made by coming in contact with those whose information and discipline are greater than our own.

ERNEST HALL, M.D., L.R.C.P.E.

### AN UNFORTUNATE CITY.

Vancouver, as a centre for the outbreak of epidemic disease, especially small-pox, occupies the worst position of any city on the Pacific coast. It is the western terminus of the Canadian Pacific Railway, and two great foreign steamship lines, one from China and the other from Australia, make it their headquarters on this side. The quarantine station is distant nearly one hundred miles, viz., at Williams' Head, in the vicinity of Victoria. Small-pox is almost constantly present in China, and as every steamship from Hong Kong has numbers of Chinese coolies on board, destined for all parts of Canada, the United States, and Cuba, this city is always in danger of an outbreak of that loathsome disease. Only a couple of weeks ago a case was discovered among the coolies in the custom house pens, where they were in waiting for shipment to Portland, Oregon. The city Board of Health removed him, and is treating him now in the local pest-house, at the expense of the people of the city of Vancouver. After the removal of the patient, the remainder of the coolies, some seventy-five in number, were kept in quarantine, and guards placed over them by the city authorities. The C. P. R. officials had the supreme cheek to write to the City Council, asking that body to defray the expense of feeding those seventy-five Chinamen during the fourteen days they were to be kept in quarantine. That was rubbing it in with a vengeance. Probably it was intended, if the city had not put guards on sheds where the coolies were confined, to have shipped off the whole lot to Portland, and let the Yankees take the risk of the disease breaking out after the Canadian Pacific Railway got rid of them, and being balked in the little game, the officials were angry and wished to bleed the city for the keep of the

suspects. The Canadian Pacific Railway should pay for the expenses of persons like the Chinese, who are immediately under their control till they reach their destination, or insist on the Dominion Government having sufficient quarantine stations for the accommodation of the shipping coming into the ports of the Province. It is a pretty hard thing to accuse the quarantine officers at Williams' Head with carelessness in the discharge of their duty, but there are rumors afloat that a case of small-pox was transferred from the *Empress of India* at Yokohama, and all the passengers vaccinated. If such was the case the steamer should have been detained longer at the quarantine grounds in order to allow any cases that were in a state of incubation to develop at the proper place, but, instead of that being done, a hasty inspection was made, and no cases were actually visible. She was allowed to proceed on her way, with the result that Vancouver had the benefit of the case when it came to maturity. Mr. J. W. Horne, M.P.P., one of the representatives of the city in the Local Legislature, a gentleman who has always the good of Vancouver at heart, introduced a resolution recently asking the Dominion Government to provide greater quarantine accommodation for the protection of Vancouver city, but, strange to say, for one reason or another it was voted down by an overwhelming majority of the Legislature. With foreign lepers and small-pox patients, not to speak of hundreds of suspects annually foisted upon her, the city of Vancouver's cup of grievances ought soon to be overflowing.

### Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### SLEEP.

Sleep may be defined as that state of natural unconsciousness in which the voluntary powers are in a condition of insensibility, whilst the involuntary functions of nutrition, secretion, etc., are going on, increased, diminished or unaltered, according to circumstances. The cause of the sensorial inactivity of the voluntary system, and disconnection with thought generally, has been variously explained. The most general idea is that

sleep is the consequence of exhaustion of the usual nervous stimulant in the services of the waking hours, or exhaustion along with the waste of the tissues generally. Liebig puts it thus: "Since in different individuals, according to the amount of force consumed in producing voluntary mechanical effects, unequal quantities of living tissue are wasted, there must occur in every individual, unless the phenomena of motion are to cease entirely, a condition in which all voluntary motions are completely checked, in which, therefore, there is occasion no waste. This condition is called sleep." Dr. Carpenter puts it thus: "The occasional suspension of sensorial activity is requisite for the reparation of the destructive effects of that activity; so that, however unfavourable may be the external circumstances, sleep will supervene as a necessary result of exhaustion, when this has been carried very far."

That exhaustion is one, perhaps the one great condition of sleep, is unquestionable; but that it is not the only condition is no less true, unless we adopt the views of Liebig, "that wine, narcotics and other sleep-inducing agents, produce a state of artificial exhaustion, by putting a stop to the regular changes of matter, especially its union with oxygen, which is constantly going on within the body." Moreover, he says: "There is a state of over-exhaustion, both of mind and body which tends to keep off sleep rather than to induce it."

A recent lexicon describes it as "the state of rest and recuperation of the bodily and mental voluntary powers. The consciousness may also be inactive or dreaming, *i.e.*, without the guidance and data of the will and lower centres, and hence illogically functional sleep-walking."

It is customary that the regular practice of sleeping once in the twenty-four hours, be carried on as most suitable and conducive to health. The amount of sleep necessary for an individual depends on the time of life, constitution and acquired habits.

Practically, sleep is a natural condition. Medical men have, by their professional labours, this portion of their time frequently invaded upon. In many places the public recognize the right of the profession to a larger fee, *i.e.*, double that of the regular visit in the day time. We hope some other member of the profession will give us an essay on this

important subject—important to the patient when it is lost, and requires the use of sedatives and narcotics to restore it.

Napoleon, it is said, possessed the power of falling asleep almost momentarily, and this faculty has been quoted to prove that sleep was an active state, rather than a passive one. It is nature's sweet, balmy restorer, and, as such, is of the greatest importance to physician and patient.

---

#### SUPRA-PUBIC LITHOTOMY.

We are informed that Dr. Alex. McNeill, of Kensington, and Dr. Taylor, of Charlottetown, performed recently an operation for lithotomy, on a young man under very unfavourable circumstances. The operation was skilfully performed, and so far has proven quite a success. We trust Dr. A. McNeill will give an extended report of the case, and describe the operation, as well as the history of the case. There were two large calculi extracted, and the relief to the poor patient was great—another triumph added to the list of the surgeon's skill. Not having been present, we are unable to enter into details.

---

Dr. Macleod, of Charlottetown, we are also informed, performed an ovariectomy lately. The case is doing well. Would like very much to have a report of the case. The Doctor is a skilled anatomist and able surgeon.

---

#### Original Communications.

---

##### DOUBLE EMPYEMA.

BY J. BAUGH, M.D.

On 26th December I was called to see Willie S., aged 2½ years, and found him suffering from inflammation of left pleura. In a few days the cavity became completely filled with effusion. During the second week the right pleura became inflamed and the child's condition had become serious. During the third week the left side became greatly distended and the soft tissues covering the same very oedematous. The right cavity was filled with effusion to a point one inch above the posterior inferior angle of the scapula. On the 20th January, about four weeks from the commencement of the attack, the fluid in right cavity

pointed just below the inferior angle of the scapula, and in four days formed a fluctuating tumour as large as a goose egg, which covered the scapula as high up as its spine. Dr. Miller then saw the case with me, and it was decided to aspirate and draw off the fluid. I used the aspirator immediately, and finding the contents were purulent, the aspirator was withdrawn and a free incision made into the abscess at a point corresponding with the lower angle of the scapula. About fourteen ounces of pus was evacuated and drainage tube inserted. The left cavity was then aspirated and twelve ounces of pus withdrawn. Two days later as the collection of pus seemed to be undiminished, I decided to make free incision, wash out and introduce drainage.

On the 1st February, Drs. Miller and Smith being present, and the child chloroformed, I made an opening in the axillary region in the sixth intercostal space, through which I passed a silver-plated sound till it rested on the diaphragm about two inches from the spinal column. The handle of the sound was then depressed so as to raise the point about half an inch, and then pressed firmly against the back, causing a protuberance in the intercostal space just above the diaphragm. A free incision was then made over this protuberance and the cavity emptied of about three pints of pus. The cavity was then washed out with a very weak solution of boracic acid and drainage tube inserted into lower opening. The axillary opening was closed with sutures at once. The dressings were changed daily for two weeks, leaving the tube undisturbed. During the same time the cavity was washed out twice with warm water. After the first two weeks the tube was shortened daily till at the end of the second two weeks it was completely withdrawn. The sinus was then packed with gauze for two days and then removed, and in two days more the sinus was healed.

It is just one month since the dressings were discontinued, and the child is well and hearty, and is playing and running about. He has a spinal deflection of about an inch to the right side and the left subclavicular space is more depressed than the right. The respiratory murmurs on both sides are normal. The only medicines used in this case were acid phos. dil., quinine and hydrolein.

Hamilton, March 31st, 1894.

## Annual Examinations.

### QUEEN'S UNIVERSITY.

The following passed for the M.D. and C.M. degrees:

James Ross Allin, Bath; William J. Anderson, Glenstewart; Joseph A. Boucher, Charlo, N.B.; W. T. Connell, Spencerville; F. J. Farley, Brighton; G. D. Fitzgerald, Peterboro'; Cyril Fulton, Iroquois; P. J. Kinsley, Wolfe Island; B. J. Leahy, Kingston; J. W. Morden, Picton; A. R. Myers, Forfar; F. C. McCutcheon, Seeley's Bay; A. B. Partou, Iroquois; W. W. Sands, Sunbury; James Seager, Ottawa; J. A. Stevenson, Stella; H. G. Williams, Kingston; W. A. Young, Kingston.

University medals—Gold, Walter T. Connell, Spencerville, Ont; silver, J. W. Morden, Picton, Ont.

House surgeons—Walter J. Whittiker, North Williamsburg; Hugh S. McDonald, B.A., Kingston; George Stewart, Elmside.

### TRINITY UNIVERSITY.

#### FINAL EXAMINATION.

Class I.—Gold medal and certificate of honour, C. B. Shuttleworth; silver medal, C. D. Parfitt; certificates of honour, A. L. Danard and K. Ferguson, equal; H. R. Frank, G. H. Field, T. G. Devitt, J. S. Goodfellow, equal; E. L. Proctor, J. L. Bradley, C. C. Field.

The following are also in the first class: T. Kerr, J. Macmaster, J. Semple, equal; H. E. Armstrong, J. D. Windell, H. N. Rutledge, equal; J. R. Mencke, W. H. Millen, M. Baker, H. D. Livingstone.

Class II.—S. H. Murphy, C. H. Thomas, M. S. Lane, J. D. Leith, T. C. Hodgson, D. A. McClenahan, W. H. Scott, J. Park, J. T. Somerville, F. W. Smith, C. M. Kingston, J. A. White, P. D. White, G. R. Brown, F. A. White, A. Galloway, T. Agnew, H. W. McQueen, J. S. Matheson, E. D. Graham, A. G. A. Fletcher, T. A. Manes.

Class III.—H. H. Sinclair, Miss J. S. Shirra, G. M. Ferris, W. B. Boyd, Miss N. Rodger, D. Thomson, R. R. Macfarlane, W. H. Alexander, S. N. Insley, Miss G. W. Hulet, T. Wickett, T. W. H. Young, F. S. Nicholson, W. J. Bray, Miss E. A. A. Burt, W. A. Ball.



## PRIMARY EXAMINATION.

First, silver medal and certificate of honour, J. R. McRae; second, silver medal and certificate of honour, H. Clare and V. A. Hart, equal; certificates of honour, F. G. Wallbridge, G. W. Barber, H. H. Milbee, W. H. Weir, G. V. Harcourt, W. J. Beatty, D. Jamieson, J. H. Oliver, W. A. McIntosh, C. R. Sneath, B. P. Churchill, W. McQ. Teetzel.

The following are also in the first class: P. S. McLaren, H. S. Roberts, F. J. Hart, S. J. Caldwell and J. S. Nedd, equal; W. A. Lillie and A. Ruppert, equal; P. J. Goldsmith, J. D. Weir, C. H. Brereton, E. B. Boyes and Miss T. G. Head, equal; F. S. Rounthwaite.

Class II.—C. H. Smith, W. S. Harper, J. H. Dancey and J. J. Elliott, equal; W. V. Kurtz, R. H. Foster, H. Turner, J. A. Butler, Miss A. Verth, P. J. Lee, W. B. Crowe, R. B. J. Stanbury, T. H. Bell, A. A. Beatty and E. Doan, equal; S. H. Corrigan, J. B. McMurrich, H. E. Denmark, C. E. Stanbury, J. B. Thomson.

Class III.—J. H. Allin, T. D. Lockhart, W. P. St. Charles, Miss A. Turner, H. R. Pearce, T. W. Kirby, G. W. Badgerow, W. Brent. Subjoined is the standing of the candidates in the various branches.

## FINAL EXAMINATION.

*Medicine*—Class I.—Danard, Armstrong, Devitt, Shuttleworth, Frank, G. H. Field, Goodfellow, Parfitt, Semple, Ferguson, Bradley, Galloway, C. C. Field, Proctor, Rutledge, Millen, McMaster, Agnew, Mencke, Smith. Class II.—McIlwraith, McClenahan, Scott, J. White, Windell, Hodgson, Boyd, Miss Rodger, Kingston, Thomson, Somerville, Brown, Leith, Ferris, Kerr and Livingstone. Class III.—McQueen, Sinclair, Macfarlane, Matheson, Park, Young, F. A. White, Alexander, Miss Hulet, Lane, P. D. White, Bray, Miss Shirra, Fletcher, Nicholson, Baker, Murphy, Thomas, Ball, Wickett, Miss Burt, Graham, Badgerow, Manes, Brent, Miss Fleming, Insley.

*Surgery*—Class I.—Goodfellow, G. H. Field, Proctor, Ferguson, Somerville, Thomas, Danard, Shuttleworth, G. C. Field, Baker, Murphy, Semple, Devitt, Frank, Leith, H. D. Livingstone, Mencke, Millen, Parfitt, McClenahan, Kerr, P. D. White, Ferris, Rutledge, Scott, Armstrong, McMaster,

Windell, F. A. White. Class II.—Bradley, Fletcher, Galloway, Manes, Miss Shirra, Miss Hulet, Hodgson, Park, J. A. White, Matheson, McQueen, Smith, Insley, Bray, Sinclair, Thomson, Agnew, Lane, Miss Burt, Wickett, Howard, Boyd, Graham. Class III.—Miss Pringle, Alexander, Ball, Livingstone, Miss Rodger, Miss Fleming, McIlwraith, Brown, Macfarlane, Badgerow, Brent, Nicholson, Kingston, Warbrick, Dow.

*Clinical Medicine*—Class I.—Shuttleworth, Parfitt, C. C. Field, G. H. Field, Frank, Hodgson, McMaster, Rutledge, Ferguson, Young, Devitt, Baker, H. D. Livingstone, Murphy, Miss Pringle, Lane, Park, Thomas, Windell, Agnew, Howard, Kerr, Kingston, McClenahan, Sinclair, Armstrong, Mencke, Millen, Smith, F. A. White, J. A. White, P. D. White, Miss Shirra, McIlwraith, McQueen, Bray, Dow, Fletcher, Goodfellow, Graham, Nicholson. Class II.—Proctor, Leith, Semple, Warbrick, Miss Rodger, Scott, F. D. Livingstone. Class III.—Badgerow, Brown, Boyd, Galloway, Manes, Ball, Ferris, Macfarlane, Matheson, Somerville, Danard, Insley, Wickett, Alexander, Miss Hulet, Thomson, Miss Burt.

*Clinical Surgery*—Class I.—Shuttleworth, Parfitt, Danard, Lane, Matheson, Thomas, Kerr. Class II.—Wickett, Windell, C. C. Field, G. H. Field, Warbrick, Ferguson, Frank, Bradley, McQueen, Mencke, Semple, Devitt, Goodfellow, McIlwraith, Millen, F. A. White. Class III.—Miss Hulet, Miss Pringle, Dow, Galloway, Howard, H. D. Livingstone, McMaster, Miss Shirra, Miss Burt, Ferris, McClenahan, Proctor, Rutledge, Scott, Thomson, P. D. White, Baker, Miss Rodger, Fletcher, Graham, Insley, Kingston, Murphy, Sinclair, Agnew, Alexander, Armstrong, Miss Fleming, Hodgson, Bray, Nicholson, Smith, Boyd, Macfarlane, Park, Young, Manes, Somerville, Brent, Leith, J. D. Livingstone, J. A. White, Brown, Badgerow, Ball.

*Obstetrics*—Class I.—Kerr, Danard, Baker, Graham, Devitt, Frank, Lane, Ferguson, Goodfellow, Murphy, Parfitt, Proctor, Insley, Brown, G. H. Field, Manes, Armstrong, Leith, Shuttleworth, Kingston, Thomas, H. D. Livingstone, Windell, C. C. Field. Class II.—Bradley, McMaster, Semple, Mencke, Park, F. D. Livingstone, Rutledge, P. D. White, Hodgson, Dow. Class III.—Alexander, Millen, Somerville, Boyd, McClenahan, J. A.

White, Miss Burt, Macfarlane, Matheson, F. A. White, Wickett, Fletcher, Miss Fleming, Brent, McQueen, Nicholson, Miss Rodger, Scott, Miss Shirra, Smith, Thomson, Sinclair, Howard, Miss Hulet, Ball, Agnew, Bray, Galloway, Ferris, Young.

*Sanitary Science*—Class I.—Shuttleworth, Parfitt, Goodfellow, Danard, Ferguson, Proctor, Frank, McMaster, Bradley, Brown, Macfarlane. Class II.—Devitt, Fletcher, Scott, Semple, Windell, Baker, Rutledge, McQueen, Millen, Murphy, Somerville, Thompson, F. A. White. Class III.—Alexander, Hodgson, Kerr, Mencke, Smith, G. H. Field, Lane, Agnew, Ball, Insley, H. D. Livingstone, Manes, Sinclair, P. D. White, Ferris, Miss Fleming, Graham, Leith, Matheson, McClenahan, J. A. White, Boyd, Dow, Galloway, Nicholson, Armstrong, Kingston, Thomas, C. C. Field, Miss Hulet, Miss Rodger, Bray, Miss Burt, Howard, F. J. Livingstone, Park, Miss Shirra, Wickett, Young.

*Medical Jurisprudence*—Ferguson, McMaster, Agnew, Baker, Bradley, Brown, Devitt, G. H. Field, Kingston, Leith, Manes, Murphy, Park, Parfitt, Miss Pringle, Rutledge, Miss Shirra, Shuttleworth, Windell, Armstrong, Danard, Miss Fleming, Kerr, Millen, Semple, Dow, Ferris, Frank, Galloway, Lane, Goodfellow, Hodgson, Miss Hulet, H. D. Livingstone, Matheson, McClenahan, McQueen, Mencke, Nicholson, Miss Rodger, Scott, Smith, Somerville, J. A. White, Young, Alexander, Brent, C. C. Field, Fletcher, McFarlane, Thomas, Thomson, Wickett, Howard, Badgerow, Ball, Boyd, Miss Burt, Graham, Insley, Sinclair, Warbrick, F. A. White, P. D. White, McIlwraith, F. J. Livingstone.

#### PRIMARY EXAMINATION.

*Physiology and Histology*—Class I.—McRae, Dancy, Wallbridge, V. A. Hart, Brereton, Caldwell, Churchill, Miss Head, Nedd, Smith, Harper, Clare, Goldsmith, F. J. Hart, Jamieson, J. D. Weir, Barber, Doan, Harcourt, Lillie, Milbee, Roberts, Rounthwaite, Ruppert, Miss Verth, W. H. Weir. Class II.—Butler, Krausmann, W. J. Beatty, Bell, Boyes, Crowe, Denmark, McIntosh, McLaren, Mills, Row, Sills, Allin, A. A. Beatty, Sneath, R. B. J. Stanbury, St. Charles, Teetzel, Turner. Class III.—Corrigan, Miss Irwin, Foster, Lee, Thomson, Miss Harrison, Miss Macallum, C. E. Stanbury, Miss Wallace, Shaver, Kurtz, Lockhart, Durham, Elliott, McMurrich.

*Materia Medica*—Class I.—Harcourt, W. H. Weir, McIntosh, Clare, V. A. Hart, Milbee, Sills, Wallbridge, McRae, Boyes, F. J. Hart, Oliver, Brereton, Caldwell, McMurrich, Nedd, Barber, Durham, H. R. Pearce, Lockhart, Miss Head, Kurtz, H. Turner, Goldsmith, Roberts, Sneath, Teetzel, Miss A. Turner, Elliott, Miss Verth, W. J. Beatty, Churchill, Dancey, Jamieson, Krausmann, McLaren, Corrigan. Class II.—Lillie, Mills, Foster, Miss Irwin, Lee, Miss Macallum, Rounthwaite, Allin, Ruppert, Thomson, J. D. Weir, A. A. Beatty, Kirby. Class III.—Crowe, C. E. Stanbury, Miss Wallace, Doan, Shaver, Butler, Bell, Harper, Smith, R. B. J. Stanbury, Brent, Denmark, Reynar, St. Charles, Miss Harrison.

*Chemistry and Physics*—Class I.—McRae, Barber, W. J. Beatty, Clare, Harcourt, V. A. Hart, McLaren, Churchill, McIntosh, Sneath, Teetzel, Goldsmith, Jamieson, McMurrich, Milbee, Oliver, W. H. Weir, Elliott, Kurtz, Lillie, Ruppert. Class II.—Krausmann, Foster, Harper, Miss Irwin, Nedd, Roberts, Smith, C. E. Stanbury, St. Charles, J. D. Weir, Lee, Boyes, Brereton, Crowe, F. J. Hart, R. B. J. Stanbury. Class III.—Caldwell, Dancey, Miss Head, Miss Macallum, Butler, Denmark, Doan, H. R. Pearce, Shaver, Miss Verth, Miss Wallace, A. A. Beatty, Allin, Bell, Corrigan, Lockhart, Thomson, Turner, Row.

*Practical Chemistry*—Class I.—Milbee, W. J. Beatty, Clare, McRae, R. B. J. Stanbury, Jamieson, Bell, Kurtz, Roberts, J. D. Weir, Boyes, Lee, McRae, Lockhart, Turner, Sneath, Barber, Churchill, Lillie. Class II.—Foster, W. H. Weir, Brereton, Butler, V. A. Hart, Dancey, Harper, F. J. Hart, Mills, Ruppert, Thomson. Class III.—Corrigan, Goldsmith, Row, Nedd, Oliver, Teetzel, Allin, Caldwell, Crowe, Denmark, Doan, Miss Head, McLaren, McMurrich, Smith, C. E. Stanbury, St. Charles, Harcourt, Shaver, Elliott, A. A. Beatty, Miss Verth.

*Descriptive Anatomy*—Class I.—Butler, Rounthwaite, Sneath, Teetzel, Barber, Nedd, A. A. Beatty, W. J. Beatty, Caldwell, V. A. Hart, Smith, Wallbridge, Clare, Milbee, Ruppert, Thomson, Bell, Crowe, McRae, Lillie, McLaren, J. D. Weir, W. H. Weir, Harper, Jamieson, Roberts, Oliver, F. J. Hart, Miss Head, C. E. Stanbury, Corrigan, Harcourt, Sills, Allin, Boyes, Churchill, McIntosh, Foster. Class II.—R. B. J. Stanbury, Turner,



Denmark, Doan, Lee, Elliott, Brereton. Class III.—Kurtz, St. Charles, Miss Verth, Dancey, Goldsmith, Miss Harrison, Lockhart, Miss Macallum, Reynar, McMurrich, Row, Mills, Miss Wallace, Miss Irwin, Krausmann.

*Practical Anatomy*—Class I.—Teetzel, Bell, Elliott, Caldwell, Wallbridge, Harcourt, V. A. Hart, Kurtz, Nedd, Smith, Turner, W. H. Weir, Boyes, Corrigan, Crowe, Goldsmith, F. J. Hart, Thomson, Miss Verth, Denmark, Jamieson, McRae, Barber, A. A. Beatty, Doan, Harper, Lillie, Roberts, Sneath, W. J. Beatty, Miss Irwin, Foster, McLaren, Milbee, Ruppert, Sills, J. D. Weir, Brereton, Reynar, Butler, Miss Head, Miss Macallum, Krausmann, McIntosh, McMurrich. Class II.—Allin, Miss Wallace, Churchill, Mills, Crowe, Lee, C. E. Stanbury, R. B. J. Stanbury, Dancey, Oliver, Miss Harrison, Rounthwaite, Row, Lockhart, St. Charles.

*Toxicology*—Class I.—Denmark, Ruppert, Foster, Turner, Oliver, Roberts, R. B. J. Stanbury, Allin, Brereton, Churchill, F. J. Hart, Miss Head, Miss Irwin, Milbee. Class II.—Barber, A. A. Beatty, V. A. Hart, Lee, Lillie, Reynar, Smith, Sneath, W. H. Weir, Clare, Corrigan, Doan, Harcourt, McLaren, McRae, J. D. Weir, W. J. Beatty, McIntosh, McMurrich, Wallbridge. Class III.—Bell, Durham, Lockhart, Miss Macallum, Nedd, Boyes, Dancey, Goldsmith, Harper, Kurtz, Lee, Mills, Rounthwaite, Sills, C. E. Stanbury, Teetzel, Miss Verth, Elliott, Miss Irwin, Badgerow, Row, Miss Wallace, Caldwell, Crowe, Miss Harrison, Shaver, Thomson, St. Charles.

#### McGILL UNIVERSITY.

No less than fifty-four gentlemen will receive the degree of M.D., C.M., from the University of McGill this year. The following is the Ontario list: G. M. W. Byers, Gananoque; A. Davidson, Burns; R. E. Davis, Fallowfield; W. F. Drysdale, Perth; C. W. F. Gorrell, Brockville; R. Hamilton, Bright; J. F. Kearns, Metcalfe; G. S. McCarthy, Ottawa; J. T. McLaren, Bell Creek; J. A. McLaughlin, Avonmore; L. Y. McIntosh, Strathmore; G. H. Manchester, Ottawa; E. J. O'Connor, Ottawa; J. Pritchard, B.A., North Wakefield; J. Reeves, Eganville; A. Richardson,

South March; H. J. Richardson, Spencerville; W. H. Scott, Owen Sound; A. T. Shillington, Kemptville; H. E. Fork, Metcalfe. The Holmes gold medal was won by Andrew Armour Robertson, B.A. of Montreal; the Clenosha prize by Allan Davidson, of Burns, Ont.

---

### Meetings of Medical Societies.

---

At a meeting of the Ottawa Clinical Society, held on Friday, April 6th, Dr. Church, the President, in the chair, the following resolutions of condolence were moved by Dr. Dewar, seconded by Dr. Chabot, and carried:

Whereas, by the death of Dr. William Ianson, the Society has lost one of its most valued members and the wisest of its counsellors;

*Resolved*, that we will cherish his memory as that of a wise physician, and a chivalrous, warm-hearted friend, whose name will always remain as a synonym for all that is noblest and best in our profession;

*Resolved*, that we hereby express our grateful recognition of his services and interest in the Society, and that we tender to his beloved wife our deep sympathy with her in her bereavement;

*Resolved*, that we do now adjourn to attend the funeral services of Dr. Ianson in a body, and that the secretary be instructed to send copies of these to the family and to the ONTARIO MEDICAL JOURNAL.

---

#### WEST TORONTO TERRITORIAL ASSOCIATION.

A card called together a large number of medical men residing west of Yonge Street, in Broadway Hall.

Dr. A. A. McDonald was voted into the chair, and Dr. J. A. Creasor appointed Secretary. Dr. McDonald explained that he was unacquainted with the object of the meeting, further than the card of invitation expressed, but that it was understood that a former meeting had been held. Upon enquiry from Dr. A. J. Johnson, it was ascertained that he also knew nothing of the originators of the meeting.

Dr. McDonald therefore explained that, as the



card said a meeting was to be held for the purpose of hearing a report of a committee, he called upon the chairman of that committee to produce his report.

As the chairman was not present, Dr. Carveth explained that he, being a member of that committee, would say something about it. At this time Dr. Spence having arrived, and it being announced that he was chairman of the committee that had been appointed to draw up a constitution, he was asked to read his report.

The report having been read, a motion was put that it should be adopted. It was moved in amendment that the clauses should be read singly. Carried.

The first clause being put, Dr. Orr explained that this society could not assume the name of "Territorial Association," as the Act specified who was to be chairman of that society, and that, not having complied with it, that name could not be accepted. Dr. Carveth explained that this matter had been talked over in committee, and that it had not been understood that the present member for the Council should necessarily be the chairman. Eventually the reports and amendments were read.

A large amount of discussion took place as to the object of this society. Dr. A. H. Hamilton, who was also a member of the Committee, explained that the Society was not one at which papers should be read, or discussions on papers encouraged, but that it was for the purpose, firstly, of collecting debts for medical men; secondly, to discuss such subjects as could not be discussed before the Toronto Medical Society; and he mentioned particularly a question that he thought should be discussed, namely, whether or not tuberculosis should be reported to the Health Office.

Dr. Milner also proceeded to explain the work to be done by this association, claiming it to be purely a business one.

The next order on the card was the election of officers, which resulted in Dr. A. J. Johnson, the present member of the Council for the Division, being unanimously returned as President of this association, whether territorial or otherwise; Dr. A. A. McDonald, 1st Vice-President; Dr. Hamilton, 2nd Vice-President.

On the nomination of Dr. Carveth for the position of Secretary, it was explained by Dr. Machell that he had done a large amount of work for the former committee, and that he had for some years carried on a black list, which contained the names of bad pay patients, but that latterly it had not been kept up, and that he thought the work Dr. Carveth had done in the past, entitled him to the place of secretary of this society in the future.

It was remarked by Dr. Johnson that the fact that Dr. Carveth had at one time carried on a black list, which had failed, was a sufficient reason that a new secretary might be advisable.

It was further explained by Dr. Carveth that the reason that his former association failed, was that some of the medical men or a medical man who had the right to see these lists had taken advantage of the knowledge thereby ascertained, and had represented two patients that he would attend himself, although their names were on the black list.

Dr. Johnson explained that he had been connected with other associations, whose object was the collection of bad debts for medical men, which had been established in Toronto for the last twenty years, and that they were all frauds of the worst kind, and had failed as soon as the profession had made any attempt to support them, and that he did not believe in the establishment of any such society, particularly as at present Messrs. R. G. Dun & Co. had instituted a department especially for medical men. It was his impression that only those medical men who wish to have the advantage of seeing a black list, which was to be kept by the Secretary of the Society, should be asked to pay a fee of \$1 a year to this association.

There being nothing before the chair, the Chairman called upon the President-elect to address the meeting.

Dr. Johnson therefore took the chair, and expressed thanks to the gentlemen present for the honour done him in electing him to that position. He felt that the Society had no other objects than those expressed by the members who sent out the card calling the meeting. There would not be much work to do the coming year.

The remaining officers elected were: Dr. Carveth, Sec.-Treas.; Drs. Orr, McPhedran, Spence, Executive Council.

## Correspondence.

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

### COUNCIL LEGISLATION.

*To the Editor of* ONTARIO MEDICAL JOURNAL

SIR,—I desire to call the special attention of the profession to the curious methods adopted by the Council in securing the legislation of 1891, which I shall show was the most arbitrary ever obtained by any corporate body in this country. I shall show from the records that from first to last the Council moved so as to keep those affected by the legislation in the dark. It could not possibly have adopted better methods for concealing from its intended victims the crucial powers an irresponsible body, as the Council is, was endeavoring to have placed within its grasp. I am aware these are bold words, and, if not capable of indisputable proof, I render myself liable to censure. But to the proof and the records:

On June 12th, 1890, Dr. Bergin gave notice of motion: "That he will at the next meeting move that some members of the Council do ascertain from the Minister of Education whether he will recommend the Legislature to grant the Council power to remove from the roll all members who fail to pay their annual dues."

And now the lights are turned down. In the same hour it was moved by Dr. Harris, seconded by Dr. Russell, "That 3,000 copies of the Annual Announcement be printed, and a copy be *sent to such members only whose dues are paid in full.*" It must be remembered that the daily newspapers of Toronto did not publish the proceedings of the Council, and consequently the determination to withhold the Annual Announcement, which contained those proceedings, from the medical men in arrears, deprived them of their only opportunity of ascertaining either the existence, or the character and scope, of the proposed legislation. Here, then, is the first step—a determination to secure the guillotine for recalcitrant members of the profession, and a determination to keep the intended victims in the dark.

On the following day, June 13th, 1890, it was moved by Dr. Bergin, seconded by Dr. Bray, "That this Council do petition the Legislature of

Ontario for power to increase the annual fees payable by each member of the College, and for power to erase from the register the names of all members who fail to pay their annual dues."

Again the lights are turned down, and not one medical man in the Province affected by the motion was to have any knowledge of its passage, because by Dr. Harris' motion, given above, he was not to receive the Annual Announcement, which alone would contain this resolution. Here, I must digress for a moment, to call attention to the vote by which this motion was carried. Of the thirteen who voted "yea," five are territorial representatives, viz., Drs. Bergin, Bray, Day, Rogers, Williams. On principle, I accord to these gentlemen the right to vote as they please on every question, for there is a day coming when the general profession can settle accounts with them as their representatives. But what shall be said of the other eight, Drs. Campbell, Fowler, Fenwick, Henderson, Logan, Luton, Oliphant, Thorburn? Over these members of the Council the general profession has no control whatever. They are the appointees of colleges and homœopaths, and these are the major portion of the members who passed the resolution. I fail to catch the spirit which animates the 2,200 medical men of this province if they will longer submit to such domination by men who cannot be reached by their votes. This is the crucial point in the conflict between the profession and the Council which, in a subsequent letter, I propose elaborating more fully.

But let us return to the legislation. Having pointed out from the records the intention of the Council to secure clandestinely the most extreme legislation, the Bill for this purpose was prepared, and passed through the hands of Mr. Osler, the ablest criminal lawyer in the Dominion, and, as I shall subsequently show, bore the impress of his cunning handiwork. Now, if the Council, at this stage of its history, determined to deal openly, fairly, and frankly with the profession, it would have had the Bill introduced into the Legislature in the early days of the session (as the Defence Association did with theirs last year), had it printed, and distributed to every medical man in the Province, with ample time given for its consideration. This would have been the course of honest men, conscious of a just cause, for the con-



sideration of their confreres, and the people's representatives. What was done? Once more the lights are turned down, and in the dying hours of the session, the sixty-fourth day, the Bill, for the first time, sees the light of day. It received its first reading, was printed, received its second reading, was referred to and considered by a special committee, reported to the House, reprinted, considered in committee of the whole House, received its third reading, and was ready for the royal assent in the phenomenally short period of eleven working days of the House. I venture to say that the indecent haste which characterized the passage of this Bill through all its stages can scarcely find a parallel in the annals of legislation. It was impossible, in this short space of time, for the profession to ascertain the purport of the Bill, much less give it due consideration, and this was evidently the intention of its promoters. Moreover, it was impossible, with all the rush of work in the last days of the session, even for the legislators to unravel and detect the extraordinary powers granted by the Bill, so cunningly were they concealed by the crafty hand of the gifted Queen's Counsel who prepared it.

Having thus glanced briefly at the curious and secret methods adopted for securing the legislation of 1891, let us now look at its character and scope so far as it affects the profession. In the first place, the Council took the power of erasing from the register the names of members of the College who failed to pay their annual dues; but the Medical Council, only twelve of whose twenty-seven members are elected by the general profession, being an irresponsible body, like the old Family Compact, determined to go further and grasp greater powers than those possessed by any of the governing bodies of any of the professions in this province, and in its Act of 1891, it surreptitiously seized power by which any medical man became liable to be sent to prison, who did not meekly pay in his annual tribute, and dared to continue to make his bread and butter by his profession. But *irresponsibility* took even greater and more arbitrary power than this. Let me illustrate. John Smith, M.D., has been practising his profession for over fifty years, and now, in the evening of his life, has abandoned his profession completely and his name is dropped from the

register, but "John Smith, M.D.," remains in its historic place upon the door, and for this crime the Council took power by which the old retired practitioner may be taken into court and fined \$100 and costs, and if the money is not paid before leaving the court, the convicting justice "may commit the offender to the common gaol." If this is not tyrannical power, will you, Sir, kindly inform me what is? It may be well before closing this letter to point out the sections of the Act by which these far-reaching powers were accomplished. Sections 45, 47 and 51 were in the old Act and only applied to quacks and villains. The extraordinary powers of section 51 (imprisonment) were given mainly to stop impostors coming over from the United States, plying their unlawful trade, and when fined, "skipping" out without paying the fine. By the notorious section 41 A, all these "quack and villain" sections became applicable to every member of the profession who did not see eye to eye with the Council and obey its behests.

With your permission, Mr. Editor, in my next I shall point out the extent of the revolt in the profession, against the determined effort of a conglomerate council to enforce an annual impost and make rules and regulations for the government of the College of Physicians and Surgeons of Ontario, and the reasons for this resistance.

Yours, etc.,

J. W. McLAUGHLIN.

Bowmanville, April 6th, 1894.

---

### Book Notices.

---

*An American Text-Book of the Diseases of Children*, including special chapters on essential surgical subjects, diseases of eye, ear, nose, throat, etc., by American teachers. Edited by LOUIS STARR, M.D., Physician to Children's Hospital, Philadelphia, etc., assisted by T. S. WESTCOTT, M.D., Physician to Dispensary for Diseases of Children. Price, \$8.00, cloth. Sale by subscription only. Philadelphia: W. B. Saunders.

The continuation of the series of works by Americans has its value enhanced by this edition of Starr's on Diseases of Children. The standard of excellence shown in the gynæcology and medi-



cine, published by the same firm, is rather heightened than otherwise.

Pediatrics is a large special line of its own, and should be almost as well mastered by the general practitioner as by the specialist. Many of us feel our ignorance when confronted by a puzzling disease in an infant, and we would be greatly the better for a little more knowledge of the literature of the subject.

Here we have a work which fulfils the requirements of both the general man and the pediatrician. Many and varied are the subjects treated, and treated exhaustively, and the editor and publishers are to be congratulated on having got together such a number of very able papers.

The list of contributors is large and contains many eminent names: Ashhurst, DaCosta, Davis, Lyman, Osler, Packard, Pepper, Starr, Shattuck, J. W. White and many others. One Canadian medical man appears in the person of the able Professor of Therapeutics and Lecturer on Diseases of Children, McGill University, Dr. A. D. Blachader.

The work is too large to give any detailed review of its various points, but we cannot pass over the photo-engravures and coloured plates without mention, scarlet fever and its bacteriology being profusely given. Indeed, plates of cultures of all infectious diseases have a place and are extremely interesting.

---

*Seventh Annual Report of Canadian Institute; Session 1893-94.* Being part of the appendix to the report of the Minister of Education, Ontario. Toronto: Warwick Bros. & Rutter.

Mr. Boyle, in presenting the report, remarks that no original work has been done this year directly by the Institute, but he emphasizes the fact that a great deal of interest has been shown in the collection of new archaeological specimens, mentioning particularly, Geo. E. Laidlaw, in county of Lindsay, and Dr. T. W. Beeman, of Perth, the former gentleman having added two hundred and fifty new specimens to his already large collection. The line of most interest is that dealing with the addition to the museum of a collection of ancient Mexican relics—the best in British America. The total number of specimens is about 600, and consist of clay or terra-cotta, stone

of various kinds, shell and copper. The first are most numerous and compose human heads, idols and dishes of many shapes. The report is illustrated with cuts of the most important of these articles.

---

*A Text-Book of the Diseases of Women.* By HENRY J. GARRIGUES, A.M., M.D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital; Consulting Obstetric Surgeon to the New York Maternity Hospital; Fellow of the American Gynecological Society, etc., etc. Price: cloth, \$4.00; sheep, \$5.00. Philadelphia: W. B. Saunders.

This handsome volume of six hundred and ninety pages, including a very complete index, is the work of one eminently fitted to supply a practical treatise on the present science and methods of Gynecology. The author's aim has been to write a practical work and he has well succeeded. Long theoretical discussions and history are avoided, the pathology is brief and up to date, while everything that would aid in reaching a diagnosis is given, and a clear and succinct description of the *best* modes of treatment. Many minute details are gone into, the knowledge of which often constitute the difference between success and failure in treatment and operation. As the all-important basis of a knowledge of the subject, the development and anatomy of the female pelvic organs are very fully treated. The illustrations, consisting of three hundred and ten engravings and colored plates, form a complete atlas of the embryology and anatomy of the female genitalia, and represent numerous operations and pathological conditions. The work of the publishers is very good.

---

*A Manual of Therapeutics.* By A. A. STEVENS, A.M., M.D., Lecturer in Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania, etc. Price, \$2.25. Philadelphia: W. B. Saunders, Publisher.

This book commences with a brief but very complete description of the physiological action of drugs. Then for the reason that a classification, based upon physiological action, is at present almost an impossibility, the drugs are taken up in alphabetical order. The practitioner and student

will find many useful hints regarding drugs in general, and especially will he learn of the composition, mode of administration, and therapeutics of many of the newer drugs. Among the number we will but mention a few that are coming into daily use: Ethyl chloride, as a local anæsthetic; bromoform, and how it is to be used in whooping cough; diuretin, which has been lauded so highly as a diuretic; piperazine, the much vaunted solvent of uric acid, etc.

Then there is a section taken up with an account of remedial measures, other than drugs; another concise, but useful one, is devoted to "applied therapeutics."

There is a chapter, by I. W. England, on incompatibility in prescriptions, which will prove invaluable to the beginner.

Unfortunately, in the "table of doses," the old rule is followed instead of an endeavour being made to determine the dose by the body weight, which seems to be the more scientific method, though sometimes difficult of practical application.

The publishers are to be complimented on the style of the book, the printing, etc.

We can highly recommend this little work to our readers as being fully up to date.

---

## AN EPITOME OF CURRENT MEDICAL LITERATURE.

---

### MEDICINE.

---

#### Physical Diagnosis of Biliary Calculi.—

C. Gerhart calls attention to the early symptoms of biliary colic. The attack begins often four to five hours after a hearty meal, or when the food passes into the duodenum, causing, by a reflex action, an expulsion of bile from the gall bladder. This will produce a temporary sensible enlargement of the sac (supposing that obstruction of the duct exists, and the gall cyst retains its distensibility). This enlargement subsides as soon as the stone has passed; the localized inflammation having produced some peritonitis, a circumscribed area of crepitant râles can be heard with the aid

of the stethoscope. This, together with pain, may exist some little time after the stone has found its way into the intestine. This latter condition is often greatly ameliorated by applications of ice water. An extension of the peritoneal inflammation to the pleura is but rarely observed. As a most frequent complication, we have an appendicitis due to a mechanical or chronic obstruction. If the attack is prolonged, the liver becomes enlarged, and its edges can be easily palpated and often seen, if the patient is emaciated. Transient enlargement of the liver, one of the important symptoms, is also met with in cholelithiasis, or when the ductus communis is obstructed by *ascaris lumbricoides*, or other catarrhal inflammatory exudations. The head of the pancreas is also the seat of a new growth or swelling, thus producing mechanical pressure upon the duct; on the other hand, it is absent in cardalgia or purely nervous hepatic colics.

Cholelithiasis can be excluded if there be an absence of crepitation over the seat of the gall cyst—if there is no enlargement of the same, and if after several attacks there have been no calculi found in the fæces.—*Deut. Med. Wochen.*, No. 46, 1893.

---

#### Chronic Rheumatic Throat Diseases.—

Dr. A. Hecht (*Wiener Medizinische Presse*, No. 1, 1894) directs attention to the existence of chronic rheumatic throat diseases and records of such a case. A woman of twenty-five years had suffered over two and a half months from difficulty in swallowing, which, however, was not constant. In the morning she could eat her breakfast without pain, but when she worked the whole day in the field, or was exposed to cold weather, pain increased considerably. The pain was not always of the same intensity and changed about, now being on the right and then on the left side. Examination of the throat and larynx revealed nothing, and hysteria could be excluded. She also complained of pain in the muscles of the back of the neck, and the lateral surfaces of the thyroid cartilage were also sensitive to pressure. As the pain was complained of in the one or the other side, the corresponding portion of the faucial arch was painful and reddened. Salicylic acid yielded no results. The disease was first described

by Fletcher Ingals, and its characteristic feature is pain in the small muscles and the connective tissue between them and the cartilage, radiating from here to the clavicles. In most cases the pain does not extend over these bounds, but is limited to special parts, principally the posterior arch of the palate, the hyoid bone, especially its large cornua and lateral surfaces. The pain was intermittent and quite severe during changes of weather. On pressure, painful points could be made out, deglutition was most always, and speaking sometimes, painful. The back and sides of the neck were also occasionally affected. Locally there was more or less redness. Treatment of this obstinate disease is to be directed to the diathesis. Internally salol and the salicylate of soda are to be employed, while locally the following formula is of service :

R Muriate of morphine . . . 25 cgms. (grs. iv.).  
Carbolic acid,  
Tannic acid . . . . . aa 2 gms. (gtts. xxx.).  
Glycerine,  
Distilled water . . . . . aa 15 " (5iv.)  
To be applied locally every two or three days.

He effected a cure in his case by these means.  
—*Medical and Surgical Reporter.*

**Treatment of Biliary Lithiasis.**—In cases of acute hepatic colic, Grasset advises :

1. Place the patient in a full, warm bath, where he should remain from three-quarters to one and a half hours.

2. Give every hour, or even every half hour, a teaspoonful of :

R Sat. chloroform aq . . . . . 150 grms.  
Dill. water . . . . . 100 "  
Syr. orange . . . . . 50 "

Or, chloroform may be inhaled and morphia given subcutaneously.

If olive oil is tolerated, 200 cc. may be given in wineglassful doses every quarter hour.

The food should be cold soup or milk, or ice cream. Injections to produce liquid stools should also be used.—*Times and Register.*

### **Treatment of Neurasthenia.**—LIGHT FORM

—1. Full diet, as much as can be assimilated ; no intellectual work ; open air, with bodily exercise.

2. Cold shower bath every morning, followed by rubbing and a quick walk. In the evening before dinner, methodic massage of the entire body.

3. To alternate, monthly, the following treatments (twenty days of treatment and ten days of rest).

(a) At each meal a teaspoonful of :

R Hydroalcoholic extract kola 10 grms.  
Syrup bitter orange peel . . . 300 "

Or a coffeespoonful of :

R Tr. kola . . . . . 50 grms.  
Tr. coca . . . . . 50 "  
Ac. citric . . . . . 1 "  
Arseniat. sodii . . . . . .05 "

At each meal a cachet of :

R Ferri redact . . . . . .10 grms.

And a spoonful of :

R Acid hydrochlor . . . . . 1 grms.  
Water . . . . . 300 "

4. To go to some mineral springs in autumn and spring for a period of six months.

### **GRAVE FORM.**

1. Take the patient from his ordinary surroundings, and place him in a special hydropathic institution.

2. Life in open air combined with rest, as obtained by a wheel-chair. Complete brain rest. Exercise as prescribed.

3. Methodic massage. Electrotherapy, cold baths.

4. Progressive forced alimentation at stated periods. Milk should be used at commencement, eggs, meat puree, etc.

R Sulph. strychniæ . . . . . 0.05 grms.  
Aqua . . . . . 150 "

Teaspoonful doses, three times a day ; when the patient improves use the same treatment as in the light form of the disease.



III. "Sequardian" treatment. When a patient declines the ordinary treatment, this may be tried. First, suspend all other treatment. Make daily, under complete asepsis, a hypodermic injection of 1 cc. of a mixture of orchitic liquid and distilled water. The injections to be increased by a cc. to five or six per day.

Second. Continue these twenty days; wait ten days and resume. These two series will suffice to show whether the treatment will be successful. If hypodermic injections do not succeed, injections by the rectum may be tried. Hot-water injections to cleanse the bowels are first used, then with a special syringe, the injection of one to two cc. of the testicular liquid, be made. The same process and rules are followed unless they produce irritation.

IV. Injections of artificial serum. In cases of lowered arterial tension (lessening of first sound, tachycardia embryo-cardia), make two to four times a day a hypodermic injection of one cc. of:

R	Sodii phosph. pur. ....	10	grms.
	Sodii sulph. pur. ....	5	"
	Sodii chlor. pur. ....	2	"
	Ac. carbol. cryst. ....	0.50	c. "
	Aq. distill (boiled) . . .	qs. ft.	100 cc.

—*Times and Register.*

### On the use of Bromide of Potassium and Salicylate of Sodium in Headache.—

Dr. Brunton, in *Practitioner*, first alludes to the fact that absorption from the stomach frequently ceases entirely during a headache, and drugs given by the mouth have then no effect. The only treatment in such cases is morphine, hypodermically; but the possibility of establishing the morphine habit must be kept in mind.

He estimates that 80 to 90 per cent. of all headaches are due to defects of vision (uncorrected hypermetropia, myopia, astigmatism, inequality of the focal distance of the two eyes, and imperfect convergent power; 10 per cent. to decayed teeth; and about 5 per cent. to disorders of the nose, throat, ears, scalp, and other causes. Headache due to visual defects is generally frontal, temporal, or occipital; but in one case recorded in the paper it was about 2½ inches below, and 1 inch to the right of, the occipital protuberance. In

those cases associated with unequal visual power of the two eyes, it frequently affects the side of the weaker one.

A very common form of headache begins with unwonted irritability at night, which, however, is not always present. The patient wakes at four, five, or six o'clock in the morning, but feels disinclined to move, turns over, and goes to sleep again. He again wakes at seven or eight o'clock, with a distinct, but not severe, headache, which increases as the day goes on, becoming very severe in the evening, and culminating in vomiting, which is followed by relief. If, however, he gets up when first waking, he generally escapes. These headaches may frequently be prevented by taking pot. brom. grs. 30-35, with sodii salicyl. grs. 10-15, in a tumblerful of water, when the feeling of irritability appears in the evening, or, in the absence of that, when waking early in the morning; and this may be repeated once or twice.

The two drugs combined act much better than either of them separately.

Dr. Brunton concludes his paper by contrasting our present armament of treatment of headache with that of twenty years ago; for whereas then we had slight power over them, now we are able to cure or relieve nine out of ten cases by attention to the eyes and teeth, and the use of bromides, salicylates, antipyrin, phenacetin, exalgine, and other remedies synthetically produced.—ROBERT E. LORD, in *Manchester Med. Chronicle*.

**The Treatment of Diphtheria.**—An excellent *résumé* of our knowledge of the bacteriology of diphtheria is given in the *Semaine Médicale* of September 30th, by Dr. Veillon. He assumes that it is now generally accepted as proved that the bacillus, first described by Klebs and Löffler, is the main causal agent of diphtheria, although other organisms, such as the streptococcus and staphylococcus pyogenes, and one resembling morphologically the pneumococcus, are frequently to be found together with the pathogenic bacillus. As a result of his investigations, Dr. Veillon maintains that the treatment must necessarily be complicated, for we have to deal not only with the local effects of the Klebs-Löffler bacillus, but also with the constitutional effects produced by the toxins evolved, and the lesions produced by secondary infections.

Various antiseptic agents have been proposed in order to destroy the germ—corrosive sublimate, phenic acid, etc. The most successful seems to have been the first mentioned. Great difficulty has always been found in reaching the parasite, as it is protected by the false membrane. Dr. Veillon recommends removal of the pseudo-membrane by curved forceps having cotton-wool wrapped around the points. If, however, this should produce much bleeding he would advise sprays and irrigations only. The applications should be made to the throat very frequently—at least every hour. With regard to the second point—namely, to combat, as far as possible, the toxic effects—Dr. Veillon is of opinion that swabbing the throat and frequent irrigations are of great value; the poison is soluble in water, and much of it may be thus swept away. Observers have pointed out that the toxins are less active in an acid medium; therefore dilute acids, such as lactic and tartaric, may also be used as sprays. Dr. Veillon suggests a saturated solution of boric acid to which one per cent. of lactic acid is added. Our present knowledge helps us but little with regard to neutralising the toxine already absorbed. The numerous laboratory experiments which are now being made by Behring, Kitasato and Martin may bring about the desired end. A method of attenuating the diphtheritic virus seem to have been successfully accomplished by the first two observers named above, but the investigators have not arrived at that stage when it may be applied to man. Preventive inoculation would seem destined to hold a vastly more important place in the therapeutics of the future than it does at present, but some time must yet elapse before the much-wished-for methods can be definitely formulated.—*Lancet*.

“By the addition of barley or oat-meal to the milk which has been previously prepared in a proper manner, I expect more than a mechanical dilution, because when Moleschott declares that thirty-six ounces of barley-meal are sufficient for the daily fare of a full-grown labourer, the addition of from ten to twenty-five grammes (two to six drachms) of the same material means no insignificant increase in the diet of a child.”—A. JACOB, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis).

**Treatment of Chronic Gastric Ulcer.**—Stepp (*Therap. Monatsh.*, November, 1893) describes a method which he has successfully followed during the last four years, the object of which has been to prevent fermentative changes in the organ with their damaging influence on the gastric walls, and, further, to exert a beneficial and tonic action on the damaged surface. This he has effected by the frequent use of a  $\frac{2}{3}$  per cent. aqueous solution of chloroform, with the addition of subnitrate of bismuth, the latter, however, being of secondary importance. The water is given in quantities of one to two bottles daily. The author says chloroform has no anodyne or narcotic properties when administered internally, its effects being more those of an astringent, a tonic, and an antiseptic. A few cases are recorded showing how early the patients became convalescent under this treatment. When vomiting or hæmatemesis complicated the affection, the author found the chloroform acted effectually in quenching thirst, and arrested nausea and hæmorrhage. A burning sensation, probably at the seat of the ulcer, is always produced at first, but disappears completely in eight to ten days. No unpleasant consequences occurred, but indirectly a clean tongue and improved appetite seemed to be produced. At the end of the second week beef-tea could be administered, during the third eggs, and afterwards selected meats could generally be added to the preceding foods.

**Movable Liver.**—Leube (*Münch. med. Woch.*, January 23rd, 1894) remarks on the rarity of this condition. The ligaments attaching the liver to the diaphragm must become loosened. Pendulous belly due to repeated pregnancies, chronic ascites, etc., predispose. He records a case in a lad, aged 17, with heart disease and general dropsy. The abdomen had to be tapped, a fine trocar being used, and 10, 16, and 10 litres were drawn off at different times. On admission the umbilicus bulged, a fluctuation thrill could be easily felt, and the abdomen was dull all over, except in the region of the stomach. The liver reached 10 cm. below the ribs in the mammary line; the surface was smooth, the consistency hard, and the organ pulsating. Behind, pulmonary resonance extended on both sides down



to the eleventh vertebra. After tapping, a depression was noted in the upper part of the right abdomen, and lower down a projection. This tumour measured 10 to 11 cm. in the middle line, and 15 cm. in the right mammary line, and over it the percussion note was dull. The lower border could be followed from left to right, and the convex upper surface of the liver felt. Between the liver and diaphragm fluctuation could be made out, and the surface of the liver could be dipped upon. The liver could be readily pushed up, the pulmonary resonance behind being then raised 1 cm. The fluid seemed to remain between the liver and the diaphragm, whether the patient was lying down or sitting up. This was also proved at the necropsy, the lad dying some months later. The liver was very movable, enlarged, and of the nutmeg variety, with consequent induration. The suspensory ligament was  $7\frac{1}{2}$  cm. long. The pulmonary resonance behind was raised when the liver was pushed up, owing to the displacement of the fluid backwards. An additional cause of the mobility of the liver may lie in the loosening of its posterior attachment, for usually the vena cava is firmly bound with the liver and vertebral column. This case, as well as another seen by the author, occurred in men; hitherto movable liver has been exclusively seen in women.—*British Medical Journal*.

**The Compensations of Combined Valvular Lesions.**—Baccelli (*Deut. med. Woch.*, January 11th, 1894) remarks that the general condition of the patient may be no worse where more than one valve is involved than in a lesion of a single valve. He relates two cases in illustration: (1) A man, aged 45, had acute rheumatism five years previously, but only complained of symptoms for a year past. Although physical examination showed the heart much enlarged, and both mitral and aortic orifices incompetent, yet when at rest the patient gave little evidence of anything being the matter with him. The pulse presented nothing characteristic. Disturbance of compensation in valvular lesions is a much more complicated problem than is usually believed. Thus a patient after influenza exhibits symptoms of a cardiac lesion previously silent, or in another accustomed to hard work the compensation suddenly breaks

down without apparent sufficient cause. The anatomico-pathological defect does not constitute the whole clinical picture. Murmurs at times disappear, or a fully compensated mitral stenosis may apparently present signs which should be looked upon as of ill omen, and yet they do not prove to be so. The worst damage done to the heart is when two lesions of opposite characters, such as aortic stenosis and mitral regurgitation, exist. When the lesion affecting the valves is similar, the outlook is much less serious. But because the trouble caused by the double lesion is less, it does not necessarily follow that the danger is less. Sudden syncope may occur. The real danger lies in a material and dynamic disproportion. The prognosis must be very reserved, since the capacity of compensation may cease to exist. Prophylactic measures, including the avoidance of mental excitement, too apt to be forgotten nowadays, must be attended to. Digitalis purpurea is the sovereign remedy among cardiac tonics, caffeine and strophanthus being some distance behind it. Caffeine, unlike digitalis, increases the heart's action. Strophanthus is used when the others fail or have to be discontinued. (2) A man, aged 51, with no history of rheumatism, and always in good health, was seized with dimness of vision, nausea, and vomiting. He showed the physical signs of mitral and aortic stenosis. Only slight symptoms existed; he had no cough or bronchial catarrh. Here a paradox might seem to exist—namely, that a stenosis of one valve was a more serious lesion than that of two.

**The Awakening Effect of Cocaine.**—A few days ago a patient who had toothache, wishing to stop it immediately, secured nine grains of cocaine in solution, and took it into his mouth a little at a time, holding it until the accumulation of saliva became so abundant that he had to spit it out. He began using the cocaine in this manner at 5 p.m., and did not cease till 10.22 p.m., same evening. As it was then bedtime, he thought he would make sleep certain by taking 20 grains of chloral. Immediately after taking the latter drug, he took into his mouth some more cocaine and went to bed. He “swashed” the cocaine solution about in his mouth a while, then spat it out, turned on his side, and tried to go to



sleep. Sleep, however, did not come; on the contrary, he did not even become drowsy. Having lain awake till midnight, and not feeling sleepy at that hour, he took, as nearly as he could tell, about *one teaspoonful* of laudanum. He went to bed again, and remained awake till three o'clock. Sleep lasted only four hours. Following this was headache.

I have often had my attention called to the fact that cocaine will keep patients awake at night, when the drug is administered late in the day, but I did not know that 20 grains of chloral and a teaspoonful of laudanum would not overcome "cocaine wakefulness."—J. W. STICKLER, M.D., in *Medical Record*.

**The Diagnosis of Croupous Pneumonia in Infants.**—Federici (*Arch. Ital. di Clin. Med.*, September 30th, 1893) states that the urine should be examined in all cases of obscure febrile affections in children with the view of determining the presence or absence of chlorides and peptone. The presence of peptones and the absence of chlorides justify, he states, the diagnosis of croupous pneumonia.

**Tumour of the Restiform Body.**—Brissaud (*Progres Med.*, January 20th), in a lecture recently delivered at the Salpetriere, discussed a case in which the diagnosis of tumour of the restiform body has been confirmed by a necropsy. A woman, aged 45, had for eight years suffered from general feebleness, headache, rachialgia, vertigo, and incapacity for work, and was at first mistaken to be a case of neurasthenia. In 1885 slowly progressive deafness on the left side commenced; a year later her sight began to be indistinct on both sides, but chiefly on the right, and a year later still she became the subject of paroxysmal non-painful attacks of facial spasm on the left side. In 1891 vague symptoms of asthenia presented themselves, with weakness in the legs, stiffness and pain in the neck, and complete loss of the sense of smell. Last year the headache, which had been relatively tolerable before, became excessively violent; in July œdema of the legs and inability to pass water were noticed, and in August she commenced to have difficulty in walking, the attitude and gait being characteristic of a person the subject of cerebellar

disease. Sensibility to touch, pain, and temperature was intact. The amblyopia was due to double optic neuritis. There was an excessive secretion of saliva. The tumour was localized as situated in the region of the left restiform body, at the point where the external root of the auditory nerve would be seriously altered or destroyed, while the internal root would be relatively free, in which position it was found at the necropsy.—*British Medical Journal*.

**Bismuth in Gastric Disease.**—Matthes (*Centralbl. f. inn. Med.*, January 6th, 1894) has investigated, both experimentally and clinically, Fleiner's method of treating irritative diseases of the stomach with large doses of bismuth. The results of the treatment were very successful, especially in lessening pain. From experiments on dogs, the author shows that ten to twenty minutes after ingestion the bismuth sinks to the lowest part of the stomach, whereas several hours later it is found spread over and fixed to the stomach wall, being intimately mixed with mucus. Even with a full stomach a large part is also found similarly deposited. Against the action of chemical agents on the stomach wall this deposit of bismuth is most resistant. In men shortly after the ingestion of bismuth, the water used for washing out the stomach returns clear, but if later the stomach contents be expressed, bismuth with mucus is removed. Experimentally bismuth is shown to increase the secretion of mucus. To determine the action of bismuth in cases of erosion, etc., of the stomach, defects were made experimentally in dogs in the stomach mucous membrane and bismuth was then administered. In some experiments nothing particular in regard to the defect could be made out. In two experiments, however, positive results were obtained. In one an adherent crust was found acting as a protection to the defect. Sections taken from both cases showed healing ulcers. In the case of the crust, crystals were found in the granulation tissue, and proved both morphologically and by a colour test to be bismuth crystals. No symptoms of bismuth poisoning occurred. Experiments thus show that bismuth adheres to the defect in the stomach wall, and that healing may take place under a crust so formed. This crust is not always found, but its occurrence once shows the possibility of it. Comparison with control animals

showed that in those treated with bismuth the defects healed more rapidly. Digestion can go on while the bismuth deposit is present. If an artificial digestion, however, be shaken up with bismuth, pepsin will be carried down by the bismuth and digestion is thus hindered. The author says that both experimentally and clinically Fleiner's method of treatment is practically and theoretically correct with the exception of the question of position (in reference to the site of the ulcer), which he shows to have no influence in regard to the subsequent deposition of the bismuth.—*Provincial Medical Journal*.

**Nitro-Glycerine in Sciatica.**—Dr. Lawrence (*Rivista de Ciencias Medicas de Barcelona*) reports the case of a carpenter of fifty-two years, who suffered for several years with sciatica. In order to alleviate the pain, he had become a morphine user, and could not abandon the habit. After trying a multitude of drugs, he gave him a 1.100 solution of nitro-glycerine, one drop three times a day, gradually increasing the dose to five drops. Relief was almost immediate, and in ten days he could resume his work, completely cured.—*Lancet-Clinic*.

**The External Use of Salicylic Acid.**—Dr. Ruel, of Geneva, recommends the external use of salicylic acid in rheumatism. He says that : 1st. Salicylic acid is rapidly absorbed by the skin. 2nd. After so applied, it promptly appears in the urine. 3rd. It possesses a positive curative action in rheumatism. He found that the best results were realized when the salt was dissolved in alcohol with about double its volume of castor oil. In the form of a liniment it is the best that has been supplied to our pharmacopœia in years. M. Ruel's customary formula is :

R	Acidi salicylici . . . . .	20 grammes.
	Alcohol absolute . . . . .	100 "
	Ol. ricini . . . . .	200 "

This is to be applied on a flannel, which is to be covered with some impermeable material, morning and evening. In certain solutions a small quantity of chloroform may be added—say 5 per cent. This addition serves as an analgesic ; besides, it favours the absorption of the medicament. About twenty minutes after the salicylic is so employed

it can be found in the urine, and a few minutes after a salicylic liniment is applied pain vanishes, and is replaced by a sense of warmth and comfort. Olive oil may be substituted for castor oil. In lumbago and painful muscular affections, chloroform and opium may be added.—*Medical Record*.

## SURGERY.

**Ichthyol in Diseases of the Genito-Urinary Tract.**—Dr. Lohnstein (*Allgemeine Med. Central Zeitung*, No. 103, 1893) has employed ichthyol in genito-urinary affections, and comes to the following conclusions :

1. Ichthyol is an excellent remedy in acute urethritis, in a  $\frac{1}{2}$  to two per cent. solution in warm injections, and even in cases where the mucous membrane is especially irritable.

2. In subacute anterior urethritis, and above all, in superficial circumscribed affections, it renders excellent service if it can be applied locally through the endoscope.

3. In infiltrating forms of chronic urethritis it is inactive, but, on the contrary, it will be of value if alternated with mechanical measures of treatment.

4. In prostatitis, in the form of suppositories, in doses of three to five dgms. (five to seven grains) it removes the inflammatory and irritative phenomena.

5. In pyelitis and nephritis it exerts no beneficial action.—*Medical and Surgical Reporter*.

**A Case of Alopecia Areata, Producing Universal Baldness.**—On Dec. 20th, I was consulted by N. M., aged 20 years, who related the following history :

Five years ago, after the occurrence of sharp pains over the entire scalp, a small spot on the head suddenly became bald. Others quickly followed, and in three months every hair had fallen from the head, leaving it of a pearly whiteness.

Then followed loss of eye-brows, eye-lashes, and in the six months following every hair on the body had been shed. A thin and downy growth on head had followed in one year from its loss, but was speedily shed again.

The case upon inspection presents a striking appearance, not the slightest trace of a hair being discovered. Even the dorsal aspect of the fingers



presents a shiny appearance, not unlike that of the scalp, while the whole cutaneous surface is of a white semi-transparent cast.

Two points, to which Liering calls attention, I had an opportunity of observing, namely, the existence of a certain degree of anæsthesia, and the lack of response to the action of irritating applications. The prick of a pin elicited little if any pain, and the patient assured me that his scalp was, to use his own expression, "numb."

I made several applications of "cantharidal colodion," which did not produce any perceptible effect—a result which seemed to indicate that the part so treated had undergone an important change.

Many causes have been assigned for the production of this remarkable disease, and able men have at times thought it to be of parasitic origin. It is easy to understand how the specific cause of ordinary tinea tonsurans might become engrafted on a patch or area and thus give rise to error.

Most authorities, if indeed not all, are agreed now that it is of nervous origin. In some cases its suddenness, and in all its comparative rarity, preclude the idea of its being of a parasitic nature, while its clinical features give the strongest possible evidence of its being due to trophic disturbance. And this is what we should expect in the light of modern physiology, which has shown the intimate relation existing between normal innervation and healthy nutrition.—C. P. BISSETT, M.D., in *Maritime Medical News*.

**Extirpation of Aneurysms.**—Ransohoff, of Cincinnati, records (*Annals of Surgery*, January, 1894) two cases of aneurysm which had been treated by extirpation. In the first case, a patient aged 22, the aneurysm affected the radial artery of the left side, two inches above the wrist, and was caused by a fall and fracture of the thumb. An incision three inches long was made over the tumour, and the sac completely removed. In order to do this a portion of the tendon of the flexor carpi radialis had to be removed. Union by first intention followed, and the functions of the limb were unimpaired. The second patient, aged 12, suffered from a traumatic aneurysm over the left ankle, which had followed a wound caused by an ice-pick. Measures similar to those adopted in the previous case were carried out, and a like result

followed. From a critical study of these two cases, together with other published cases, the author formulates the following conclusions: (1) Extirpation is the ideal method of treatment; it should be resorted to unless there are weighty reasons against it. (2) In aneurysms of the forearm and of the leg no other treatment should be adopted. (3) Aneurysms which have suddenly grown large from subcutaneous rupture of the sac, and those in which rupture is impending, should be subjected to extirpation. (4) In recent traumatic aneurysms the injured vessel should be divided between two ligatures: when a sac has formed it should be excised. (5) When other methods have failed, extirpation should be tried before recourse is had to amputation. (6) In arterio-venous aneurysms extirpation should be practised if any operation is indicated. (7) Proximal ligation should be reserved for cases of idiopathic or spontaneous aneurysms, in which the age of the patient or an enfeebled condition from other causes would make a prolonged operation hazardous, and for other cases in which the position of the tumour precludes the possibility of extirpation.

**Resection of the Cæcum.**—Sendler (*Munch, med. Woch.*, January 2nd, 1894) reports the following case: A girl, aged 22, had suffered from constipation for some time past. Five months ago she was suddenly seized with severe pain in the right iliac fossa. She had to keep her bed for three weeks, but there was no fever or vomiting. Four weeks later she had a second attack, and later two more. A tolerably hard swelling was felt in the right iliac fossa, which under an anæsthetic was found to have a smooth surface, and seemed to be adherent to the abdominal wall. The diagnosis lay between malignant disease, perityphlitis, intestinal tuberculosis, or some disease connected with the uterine appendages. The first named appeared the most probable, but the age and good condition of the patient were against carcinoma. A vertical incision was made over the swelling. The cæcum, obviously transformed into new growth, was found adherent to the abdominal wall. It also involved a portion of the colon, ileum, and adjacent mesentery. The whole growth was extirpated, the ileum being implanted into the colon after



the manner of pylorotomy. The parietal peritoneum was so stitched as to make the sight where the tumour was adherent extraperitoneal. The subsequent course was very satisfactory; she was up in three weeks and left the hospital a week later. Four and a half months afterwards she was in perfect health, the bowels acting once or twice a day. The growth had started in the ileo-cæcal valve, and was a carcinoma.

**Etiology of Appendicitis.** — Hodenpyl (*N. Y. Med. Jour.*, Dec. 30th, 1893) holds that there are two classes of factors in the causation of acute appendicitis: predisposing, which may vary in different cases; and more active factors, of which there seem to be two distinct, but intimately associated elements: (a) bacterial, of which the bacillus coli communis is very probably the most important; and (b) the less well-defined and less understood chemical factors associated with the faecal contents of the intestines. Of the predisposing causes of acute exudative appendicitis, stricture of the appendix is one of the most frequent. This condition, though sometimes probably the result of previous inflammatory processes, is, in a large proportion of instances, the result of partial retrograde evolution, the cæcal opening, which is much dilated in the infant, gradually contracting until adult age, when it is smaller than the rest of the lumen, and sometimes much constricted. The vermiform process, like other organs which undergo retrograde evolution, is very prone to become inflamed. Again, the longer the appendix the more liable it becomes to inflammatory changes. Other predisposing causes are adhesions drawing the appendix into abnormal positions, atrophy of the mucous membrane, and concretions. The last-mentioned cause, though formerly regarded as the usual one, does not exist in more than 10 per cent. of the cases of appendicitis. The author, though led at one time by the results of his own investigations to regard the bacillus coli communis as a most important factor in the causation of acute appendicitis, acknowledges that the recent observations of Barbacci have proved the necessity of caution in attributing a too exclusive rôle to this bacterium. Barbacci has shown

that perforative peritonitis is not due to the introduction of the bacillus coli communis alone, but is the result of (1) the escape of faeces and intestinal gases into the peritoneal cavity; (2) the development of other forms of bacteria therein; and of (3) the constant irritation arising from the continued escape of intestinal contents.—*British Medical Journal*.

**Joint Tuberculosis.**—Parenchymatous and intra-articular medication with anti-bacillary remedies has yielded the best results in tubercular spondylitis attended by abscess formation and tuberculosis of the knee and wrist-joints.—SENN.

**Ichthyosis; eczema.**—Leon F., a boy five years old, had had for several months an affection of the hands characterized by redness and scaling of the palms with slight fissuring; a moderate amount of itching and burning were complained of. The peculiar dry appearance of the hands led to examination of other parts of the body, and an unusual dryness accompanied by moderate desquamation was found to exist over the entire cutaneous surface. The skin of the elbows and knees and over the tibiae was most markedly affected, being quite thick and covered with an abundance of dirty gray scales. The patient was ordered to be bathed daily and anointed well after the bath with the following ointment:

R. Ol. adipis.....	3i.
Lanolin.....	3vii.
M.	

Under this treatment the skin soon became softer, ceased to desquamate, and the patient's condition was in every way much more comfortable.

The milder forms of ichthyosis, like the one just described, are not very rare, and are frequently accompanied, in the winter season particularly, by eczema of exposed parts. The treatment is entirely palliative, since we know of no remedy which will permanently cure this condition of the skin, which is always congenital.—M. B. HARTZELL, M.D., in *Archives of Pediatrics*.

## MIDWIFERY.

**The Bimanual Signs of Early Pregnancy.**—Robert Dickinson (*N. Y. Journal of Gynec. and Obstet.*, November, 1893) lays great stress on bimanual exploration for the diagnosis of early pregnancy. Bimanual examination, he observes, sometimes reveals a longitudinal furrow or fold on the body of the uterus. A well-marked variation in density or resistance is found in the body of the uterus in some cases, as though a small almond were lodged in the cavity at the point where the resistance is felt. This dense spot probably denotes the location of the ovum. The longitudinal fold or furrow has been found most commonly between five and eight weeks after the beginning of the last menstruation, and the dense spot from the fifth to the fourteenth week. Dickinson gives six bimanual signs of early pregnancy: (1) Bulging of the body of the uterus; (2) elasticity of the body of the uterus; (3) compressibility of the lower uterine segment (Hegar's sign); (4) a transverse fold above the lower segment. These four signs appear between the fourth and sixth weeks. Between the sixth and eighth appear the two signs above mentioned, namely, (5) the longitudinal fold, and (6) the denser spot. Dickinson believes that compressibility of the isthmus and the change in consistency of the body are probably the most important signs.

**The Causes of Shoulder Presentation with Report of Case.**—The author cited two cases of shoulder presentation in the same patient, the first proving uneventful owing to the prematurity of the child, but the second labour was attended with all the difficulty of this malposition. This was terminated by the delivery of a large child, which could not be resuscitated.

Among the factors given as the cause of shoulder presentation is the doctrine of Hippocrates and Aristotle, which held sway for many years, that the fœtus sat upright, with its back toward the spine of its mother until the seventh month, when it was either suddenly or very gradually rotated so as to assume the opposite position. Playfair considers a number of conditions as predisposing thereto, among them prematurity of fœtus, excess of liquor amnii, undue obliquity of the uterus, low attach-

ment of placenta, irregularity in the shape of the uterine cavity, more common in multipara than in primipara; accidental causes exert most influence, as falls, or undue pressure exerted on the abdomen by badly fitting or tight stays.

Cazeaux and Tarnier add distortions of the superior strait to the above list. Flanging ilii are considered by some as predisposing factors, likewise the wrapping of the funis about the neck of the child, thereby interfering with the descent of the head. Shoulder presentation is also apt to occur in the second born in the case of twins, and is explained by the laxity of the uterine walls, which is apt to exist under such circumstances.

## DISCUSSION.

I examined this patient twice with the pelvimeter and found the pelvic measurements normal. After version had been performed in the second confinement, the child, though an exceptionally large one, passed through the parturient canal and pelvis very readily, proving that there was no reduction in the size of the pelvic diameter.

I had hoped that the primary deformity of the uterus, upon which Wigand and Danyan lay such stress, would receive more consideration in the discussion. This observation has received support from such men as Siebold, Naegle, Schroeder and others. Cazeaux and Tarnier are skeptical on this point, however. Subsequent examination of the case presented failed to reveal any evidence of such a condition.—DR. SIGMAR STARK in *Times and Register*.

**Ectopic Gestation.**—A. Martin (*Berl. Klinisch Wochen.*, No. 22, 1893) has always held the opinion that owing to pathological changes which had occurred in the tube the ovum was necessarily arrested there, in the above condition was always present and acted as the inciting cause. His opinion has, however, changed, and he now believes that the ovum can never find a place for any attachment unless the mucous membrane is healthy.

The pelvic peritonitis, so frequently met with in extra-uterine gestation, is regarded by him as a secondary complication, incident to the growth of the ovum.

The cases recorded as primary abdominal preg-

nancy cannot be positively accepted, there being an absence of the necessary proofs. Martin reports a case observed by him in which an ovum of four months had developed on the fimbria ovarica. Further developments would have resulted in the implantation of the placenta on the adjacent peritoneum, giving the impression that it had been from the first a primary abdominal pregnancy, while in reality it was of tubal origin.

The author reports five cases of ectopic gestation—tubo-ovarian—four of these were classified as tubal pregnancy, and one as ovarian. Martin explains his meaning of *ovarialtube*: an adhesion of the fimbriated end of the tube to the ovary, just at the site of the recently burst Graafian follicle. This has been previously described by Buxnier.

M. has operated on 61 cases; of these, 20 cannot be classed strictly under the head of tubal pregnancy. The remaining 41 he divided into three classes.

1. In 14 cases the ovum was found more or less intact in its sac—there was no blood in the abdominal cavity, the ovum being found in various degrees of maceration or resorption.

2. The second group embraces nine cases of rupture.

3. The third of 16 cases is classed under the head of tubal abortion (expulsion of the ovum through the physiological opening of the tube).

M. does not agree with Werth and Veit, whose theory is that the expulsion of the ovum results from a contraction of the muscular fibres of the tube, but believed that its passage is furthered by the hæmorrhage which takes place at the seat of insertion of the ovum.—*Medical and Surgical Reporter*.

---

**Labour and Heart Disease.**—Tarnier (*Journ. des Sages-Femmes*, January 16th, 1894) notes that in heart disease all great and sudden efforts put the patient in peril, and labour is no exception to the rule. Running upstairs, racing to catch an omnibus or train and sexual intercourse may all cause fatal syncope. The danger of labour is not special in this sense; it is dangerous in heart disease simply because it involves much effort. Tarnier induced premature labour in a lady who was subject to advanced heart disease. Notwith-

standing all precautions, she became moribund in the course of her labour. Directly she died, he turned and delivered a live child, which survived. A woman was brought into Tarnier's wards in January, 1894, in labour, with advanced heart disease and asystolism; she was apparently dying. Immediately about 300 grammes of blood were withdrawn, and the symptoms of suffocation diminished. The patient grew calmer. As it was extremely advisable to bring on labour quickly, as the forceps is apt to fatigue the patient, and as, in particular, the child was dead, the basiotribe was applied and delivery effected. A few days later the mother was doing very well.

---

**Gonorrhœa in Women.**—Carry (*Lyon Medical*, January 28th, 1894) has made extensive researches amongst prostitutes and fallen women of other classes, suffering from vaginal discharge. In only one-third of the number was the gonococcus of Neisser detected. Carry insists that the gonococcus is absolutely specific of gonorrhœa. It is very easy to recognize, being quite different in form from any other microbe. In four out of five cases its seat was found to be the urethra, in one in five the cervix. The periurethral follicles, the vulvo-vaginal (Cowper's) glands, the vagina, and anus are exceptional seats of the gonococcus. Gonorrhœal urethritis in women is the almost exclusive source of gonorrhœa in man, and the absence of discharge, pain, and local tenderness all tend to hide the source of contagion.

---

**Treatment of Eclampsia.**—Tarnier (*Journ. des Sages-Femmes*, February 1st, 1894) maintains that eclampsia represents a true poisoning of the blood. It is not caused by retention of urea or carbonate of ammonia in the blood. In eclampsia the blood is absolutely poisonous, as experiment has shown. On this account Tarnier holds that blood must be abstracted in a case of puerperal eclampsia. But then the patient would have less blood (and loss of blood is a great evil under the circumstances), and that blood would be as poisonous from the first as the blood removed. Hence the advantage of milk diet, which is, to a great extent, absorbed, so that the blood becomes diluted, increasing in bulk, with diminution of the proportion of poisonous material. Free purgation



is also desirable for ensuring elimination of poison ; Tarnier gives croton oil. Inhalations of chloroform are also beneficial ; they calm the nerve centres, which are excited by the circulation of poisonous blood, and thus check, in a direct manner, the tendency to convulsions.—*British Medical Journal*.

**High Temperature after Labour.**—Tournay (*Journal d'Accouchements*, February 4th, 1894) publishes the statistics of the Brussels Maternity for 1893. The total number of labours was 440. Amongst numerous subjects of interest, Tournay notes that in only 28 cases was there rise of temperature over 38° C. (100.4° F.). The causes of the rise were : various affections of the breasts, 6 cases ; acute endocarditis, 3 ; uterine congestion, 3 ; septicæmia, 3 ; obstinate constipation, 2 ; traumatism, 2 ; neuralgias, 2 ; enteritis, 2 ; bronchitis, 1 ; eclampsia, 1 ; tuberculosis, 1 ; cardiac disease, not precisely defined, 1 ; cause of rise of temperature unknown, 1.

**Radical Cure of Prolapsus Uteri.**—Richelot (*Union Médicale*, January 6th, 1894), in reference to the recent discussion on vaginal hysterectomy in the treatment of prolapse, maintains that colporrhaphy is essentially radical. It is efficacious and not difficult. Operations for fixing the vagina high up in the pelvis are based on illusion. They do not prevent future prolapse, and, as sutures have to be passed through the pelvic connective tissue, they are not without danger. Richelot has seen an unsuccessful case, he performed colporrhaphy and cured the prolapse at once. It must be remembered, he observes, that it is not the uterus that pushes down the vagina. The prolapsed vagina drags down the uterus. Sometimes a bulky, bleeding, painful uterus requires removal when prolapsed, though supravaginal amputation of the cervix is often sufficient. Even after recovery from hysterectomy, the vagina is apt to prolapse and draw down the bladder and rectum, so that colporrhaphy is rendered necessary. Such complications, which Richelot has known to occur, only show that, as he maintains, colporrhaphy is alone the true radical operation in prolapse. Hegar's colporrhaphy is the best of its kind. A triangular piece of the posterior, and an elliptical piece of the anter-

ior vaginal wall are dissected up. Interrupted silk-worm gut sutures are passed from above downwards under both the raw surfaces. Richelot has seen recurrence of the prolapse in patients with extremely lax tissues, but in such cases he has operated a second time, always with success. The needles must be passed well into the prorectal connective tissue.

## THERAPEUTICS.

**Vinegar in Chloroform Sickness.**—Warholm (*Hygiea*, October, 1893) accidentally discovered that vinegar is an excellent remedy for the after-effects of chloroform. He has used it in thirty cases. Not only were the nausea and vomiting relieved, but also the distressing headache. Only in one case, that of an alcoholic patient who had had a large dose of chloroform, the vinegar had no effect. Ten patients had been under chloroform more than an hour ; three of them had had chloroform previously, and had suffered greatly from after-effects. On the patient's being brought back to bed, and before he came round, a compress saturated with vinegar was placed over his nose, and left there till he came round, or longer if necessary. A bottle of vinegar was placed at the bedside to be used by the patient as required. Some of the patients were able to drink, and even to take small quantities of food soon after recovering from the narcosis.—*British Medical Journal*.

**Pyoktanin in Diphtheria.**—Höring (*Memorabilien*, October 19th, 1894) refers to the treatment he adopted early last year in twenty-seven cases of diphtheria, the results of which were published in the *Aerztl. Memorabilien*, vi. and ix., 1892. Since then, Höring has continued to use pyoktanin, and claims excellent results. The practice was to apply a 3 per cent. solution two or three times daily to the pharynx and downwards to the epiglottis, the retention of the liquid in young children being secured by immediately placing their heads low, thus aiding the swallowing of the liquid. Otherwise the drug was not administered internally, nor was it directly introduced into the affected tonsil. Simultaneously the patients are syringed with lime water, or are allowed to use it as a gargle or inhalation, while salicylate of soda is given internally.

When the nose is affected, a tampon soaked with the solution is retained in the cavity, and in milder cases the application of pyoktanin to the pharynx, etc., is the only treatment followed. In support of his practice, H6ring says he has found even a 1 in 1,000 solution to destroy the Klebs-Loeffler bacillus, as also the more active streptococcus, the latter in the course of half a minute. In practice, the local effects are antiseptic, healing and destructive to the false membrane, the general results being diminution of pain and pyrexia without the production of toxic symptoms. The present cases enumerated are 112, two of which succumbed for reasons explained; the remaining 110 cured cases included many serious cases which had been despaired of. The symptoms, spread of contagion, and sequelæ, are quoted in support of the diagnosis. The author, in view of his experience, supported by that of others, regards pyoktanin as a specific against diphtheria.—*British Medical Journal*.

#### GYNÆCOLOGY.

##### Dilatation of Cervix for Dysmenorrhœa.

—Pond (*Annals of Gynecology and Pediatrics*) considers three cases of dysmenorrhœa according to the etiology.

1. Where the cervix is small and elastic.
2. Where the cervix is long, conical, non-elastic and cartilaginous.
3. Where there are associated flexures.

In the first variety he recommends the use of a light Palmer dilator, one or more times, without anæsthesia. It should be carried to the full expansion of the blades, and applications made to the canal, or a strip of iodoform gauze introduced. This can be carried out at the office.

For the second condition he recommends the free division of the stricture on two or more sides, from the internal to the external os, with thorough dilatation, and the introduction of a stem to be worn ten or fourteen days, or longer if necessary. Following this, the cervix should be dilated once or twice a month to avoid subsequent contraction. Very long cervixes require amputation.

In cases of flexion where, at times, it seems impossible to pass the light dilator, the Elliot repositr should be used, the organ carried into retroflexion, when the dilator can be easily passed

beyond the angle of flexure. Should the cervix be dense, a heavier instrument may be used, and if this fail, incision and the stem are resorted to.

He reports seven cases illustrative of the application of the treatment in the different conditions, and suggests that dilatation be adapted to the relief of stenosis even in young girls.—*Medical and Surgical Reporter*.

---

#### Personals.

---

Dr. Mitchell, of Blenheim, has been appointed associate coroner for Kent.

Dr. Cranston has been chairman of the Arnprior School Board for twenty-five years.

Dr. H. H. Oldright, on the event of his marriage, on which we congratulate him, has removed to 492 Spadina Ave.

Dr. Keating, the well-known physician and author on pediatrics, died at his home in Philadelphia, on the 18th inst.

Dr. J. M. MacCallum, Professor of Therapeutics in Toronto University, left Toronto on April 13th for Europe, where he intends spending the next six months in study.

Dr. William Pepper has resigned from the position of Provost of the University of Pennsylvania. On retiring he made a contribution of \$50,000 to the fund for the extension of university hospital buildings.

---

#### Obituary.

---

##### DR. BROWN-SEQUARD.

Dr. Charles Edward Brown-Sequard, the famous physician, died on April 2nd. He was seventy-six years of age.

Dr. Brown-Sequard was born in Mauritius in 1817. His father was born in Philadelphia, and his mother was a native of France. He devoted the most of his time after his graduation as a physician in 1840 to an extended series of experimental investigations on important physiological topics. He visited the United States many times, delivering short courses of lectures and instructing

private classes of physicians in his discoveries. He went to London in 1860, and lived there until 1864, when he came to the United States and was appointed professor of physiology and pathology of the nervous system of Harvard University. He returned to France in 1869, and was appointed professor in the Ecole de Médecin in Paris. He founded in Paris, with Drs. Charcot and Vulpian, *The Archives de Physiologie Normale et Pathologique*, of which he became the sole editor. He received several prizes from the French Academy of Sciences, of which he was a member, and in 1878, was elected to the chair of medicine at the College de France. In 1881 he was awarded the Baly medal by the Royal College of Physicians of London. Dr. Brown-Sequard claimed to have discovered a rejuvenating elixir which would restore to its normal condition the exhausted vitality of man.

---

#### DR. WORKMAN.

Joseph Workman, M.D., who died in Toronto, at the age of eighty-nine, on April 15th, is a well-known figure gone to the after-land. He was born on a farm a little west of Lisburn, County of Antrim, on the 26th day of May, 1805, and was given the name of Joseph, borne by his father and grandfather before him. His mother's name was Catharine Goudie. His father's forbears from Gloucester city, got a gift of land from Oliver Cromwell for helping him to cut throats at Drogheda and elsewhere. "The land came from the devil and went back to him," to use a favourite quotation of the man himself. His father was a teacher, and with his brother Benjamin came to Philadelphia when Franklin was in the zenith of his fame. The former taught English, and the latter mathematics in the college that afterwards became the University of Pennsylvania. They returned to Ireland in a short time.

The Doctor was educated at Multacarten, having to walk over three miles to school in all weathers. He was afterwards sent to a school kept by Benjamin Neely and son in Lisburn, and from this entered the Ordnance Survey in November, 1826, remaining almost three years. He always regarded this part of his career to be the best for his education,

his superior officer, G. W. Bootes, being a thorough scholar and gentleman.

At this date the family came to Canada, arriving at Quebec on May 15th, 1829, after a "fast" passage of five weeks. On his arrival in Montreal, his brother, who was head of the Union School, gave it up to him and his brother Alexander. While pursuing his duties, he attended medical lectures at the hospital and private lessons given by Dr. John Stephenson, "a warm-hearted, impetuous man," to use his pupil's words, who always spoke very highly of him. He was unfortunate enough to experience two cholera epidemics in his accepted home.

In 1835, on the 30th of May, he was married to Elizabeth Wasnidge, of Sheffield, Yorkshire. He came to Toronto in 1836, and took up the business of his brother-in-law, a hardware merchant, who had been accidentally killed. He afterwards went into partnership with his brother, on King Street, opposite St. James' Cathedral, and remained there from 1840 to 1846.

From the time of his arrival in Toronto, he kept up his medical reading, and was a member of the Medical Society, and in 1847 he returned to his medical practice, having accepted the chair of obstetrics and therapeutics, under Dr. Rolph, in Toronto School of Medicine. In 1853 he removed to the asylum, where he continued for a long time.

Dr. Workman was corresponding member for and honorary member of many European medical societies, his worth being recognized wherever he was known. He was one of the old school of medical men, which we are fast losing, and of which we will never see the like again.

---

### Births, Marriages, Deaths.

---

#### DEATHS.

BOYLE.—Dr. W. S. Boyle, of Bowmanville, died of heart failure on the 6th of April.

IANSON.—Dr. Wm. Ianson, of Ottawa, a graduate of Trinity, 1886, and Licentiate of the Society of Apothecaries, London, died in Ottawa, of acute pneumonia, last week.



### Miscellaneous.

The Pharmacopœia is singularly poor in vegetable alteratives, and sarsaparilla, the best known and most frequently prescribed, is most uncertain in action and frequently very disappointing in results. Any well tested addition, therefore, to our materia medica in this class of remedies, will, we are sure, be gladly welcomed by practitioners. Some time ago we received from Messrs. Parke, Davis & Co., of Detroit, U. S. A., a sample of a syrupy compound containing the essential elements of *Trifolium pratense* (red clover), *Stillingia sylvatica* (yaw root), *Lappa officinalis* (burdock), *Phytolacca decandra* (poke root), *Berberis aquifolium* (mountain grape), *Cascara amarga* (Honduras bark), and *Xanthoxylum Americanum* (prickly ash). All these are powerful alteratives, and have been in common use by American physicians in cases of a scrofulous or syphilitic nature. The proportions of each drug contained in the syrup are given with the directions, and to increase its operative action eight grains of iodide of potassium have been added to each ounce. We have used

it with decidedly satisfactory results in some cases of chronic skin diseases of suspected specific origin. Being very palatable, children take it readily, and we have found it exceedingly useful, when combined with small doses of perchloride of mercury, in treating congenital syphilis.—*Hospital Gazette*.

#### FOR EMPHYSEMA :

R Essence of turpentine . . . . 4-5 gms.  
Peppermint water . . . . . 120 gms.  
Sugar . . . . .

Pulv. gum acacia . . . . . 4 grms. M.

Sig. : Dessertspoonful every two or three hours.

—*Coll. and Clin. Record*.

#### FOR PRURITUS VULVÆ :

R Hydrarg. chlorid. corrosiv . . gr. j.  
Aluminis . . . . . gr. xx.

Pulv. amyli . . . . . 3 jss.

Aquæ menth. piper . . . . . ad f3vj. M.

Ft. lotio.

Sig. : Apply topically.

—*Practitioner*.

[OVER.]

**FOR INVALIDS.**—Delicious Dishes made in a few minutes at a trifling cost.

## WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

**WYETH'S RENNET** makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. **Price, 25 cents per bottle.**

## FERMENTATIVE DYSPEPSIA.

**WYETH'S COMPRESSED TABLETS.** \* BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. **Price, per bottle of 100, \$1.00.**"

## WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calnative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 mins.

## Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 21 minims Tinct. Chlor. of Iron.

## JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - - General Agents.

Mrs. Ernest Hart, the wife of the editor of the *British Medical Journal*, has during the past year become personally known to thousands of Americans, and the knowledge of her work to millions. In carrying to the Irish poor the means and methods of self-help, this most remarkable woman has done a work that is good beyond estimation and compare, and has done it with a self-sacrifice that even those who know her most intimately can but barely guess. What the history of her life would be was well suggested by her refusal, as a girl, to wear fine or expensive dresses to church, and as a young lady, by her return of a gift of diamonds with the request for Ruskin's works instead. Such girls as that, and such women as she, are indeed sadly rare. While teaching the starving Irish to dye and weave, and at the same time carrying on any amount of other work among the poor of London, this many-minded woman has also kept her place in the best society of London, has been an art-lover and worker, and a student of the social life and handicrafts of nearly every country of the world. But our explanation of this allusion in a medical journal consists in the

fact, known to but few, that Mrs. Hart before doing these things had passed with the highest honors the most rigorous examinations of the medical faculties of Paris, and by thorough hospital service had completed a perfect knowledge of medicine, both theoretic and practical. Wherever she goes physicians should vie with others in hastening to do her will, and to do her honor!—*Medical News*.

#### AN AGREEABLE SALICYLIC MIXTURE.

R Potassii acetatis, . . . . . ̄ ij  
Acidi salicyli, . . . . . ̄ ss  
Syrupi limonis, . . . . . ̄ ij  
Aquæ menthæ piperitæ, . . . . ̄ viij

Sig. One tablespoonful every three hours.—*Ex.*

#### TO ALLAY ITCHING IN SKIN DISEASES :

R Plumbi acetatis, . . . . . gr. xvj.  
Acid. hydrocyanic. dilut. . . . f̄jss.  
Spirit. rectificat. . . . . f̄jiv.  
Aquæ destillat. . . . . f̄vjss. M.

Sig. : Use as a wash.

—*Med. and Surg. Reporter.*

[OVER.]

# ROTHERHAM HOUSE

## Dr. Holford Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses \* For Terms, or other information desired, address

for outside work on application.

**DR. HOLFORD WALKER, Isabella St., TORONTO.**



## LARYNGITIS :

R Tinct. aconiti rad. .... 15 grms.

Sig. One drop every hour in water. Best results when following a dose of castor oil.—SARGINS.

R Potassii permanganitis .... 12 grms.

Aqua destil. .... 60 "

Sig. Spray larynx with an atomizer several times a day.—*The Times and Register.*

TESTS FOR ALBUMEN.—It is doubtful whether all the tests put together are worth the old nitric acid test; the white characteristic cloud which it forms with albumen is well known, and can hardly be mistaken by anyone. Picric acid, trichloroacetic acid, and others are delicate; in fact, too delicate; besides, they possess other disadvantages. The first must be in concentrated aqueous solution; the second is rather expensive, and both are rare articles, while nitric acid is always handy, and if the strong acid be employed, and care be taken to have two layers (one of acid at the bottom and one of urine above it), then the test leaves nothing to be desired, the urine having previously

been tested by heating a separate portion.—DR. G. SHARP, Manchester, in *The Times and Register.*

ANTIQUITY OF SYPHILIS IN JAPAN.—Ashmead in the *Journal of Cutaneous and Genito-Urinary Diseases*, quotes from a Japanese account of syphilis published in 1801, which indicates that the disease existed and was included among skin diseases, as far back as the Chu dynasty, between 1100 and 300 B.C.; there being perfect descriptions of chancre and phagedenic ulcer and a distinction between infecting and non-infecting bubo. Among the remedies employed, various preparations of mercury hold a prominent place.—*Philadelphia Polydclinic.*

CHILBLAINS: Dr. James R. Wood made use of:

R Zinc oxide. .... 1 dram.

Powdered camphor. ....

Powdered myrrh. ....

Powdered opium. .... āā ½ dram.

Lard. .... 1 ounce.

—*Amer. Med. Surg. Bull.*  
[OVER.]

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

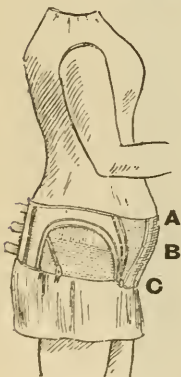
244 SPADINA AVE.,  
TORONTO, April 7th, 1894.

I have used Mrs. Pickering's Happy Relief Abdominal Supporter in my practice, and have found it to give entire satisfaction. A patient who had suffered for many years from an enormous hernia, being almost disabled thereby, has found the most complete relief from its use, and is now able to perform her household duties. She had tried other supporters, without the slightest benefit.

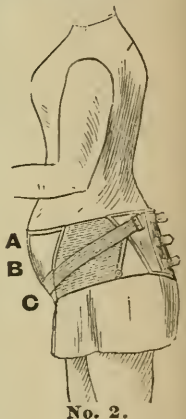
C. McKENNA, M.D.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 1.



No. 2.

Address,

MRS. F. L. PICKERING,

BOX 149,

BRANTFORD, - - - - - ONTARIO.



FOR ROSACEA :

R Ichthyol..... 2 parts.  
Resorcin ..... 1 part.  
Collodii. flexil..... 30 parts.  
—*Medical Record.*

NEURALGIA: The formula employed by Demonski in sciatica and trigeminal neuralgia of rheumatic origin is :

R Phenacetin.....  
Salol ..... āā ʒss-j.  
Caffeine ..... gr. iii-v.

M. Sig. : Two to four such doses in the twenty-four hours.—*La Riforma Med.*

PERSONAL RIGHTS OF PHYSICIANS.—The manufacturers of a certain proprietary remedy recently saw fit to issue a calendar, each page of which was adorned with the picture and name of some prominent physician or surgeon, to which was appended a fulsome eulogy of one of their preparations. One of the gentlemen thus exhibited, Dr. J. D. Bryant, affiliated with the No-code Society of New York, has undertaken to find out whether he has any

personal rights in his own name and features ; and if not, why not.

In a similar case, Judge McAdam recently stated : “ No newspaper or institution, no matter how worthy, has the right to use the name or picture of any one for such a purpose without his consent. An individual is entitled to protection in person as well as property, and now the right to life has come to mean the privilege to enjoy life without publicity or annoyance. The courts will, in such cases, secure to the individual what has been aptly termed, the right to be left alone. The law affords a remedy for the unauthorized circulation of portraits of private persons. Private rights must be respected, as well as the wishes and sensibilities of people.”

If this be the case, such advertisement by photograph, if permitted to go unchallenged, must be regarded as having at least the consent of the person whose portrait is thus circulated. We commend this thought to the American Medical Association and those of its ex-presidents whose features equally with those of Dr. Bryant adorn the circular in question.—*Philadelphia Polyclinic.*

[OVER.

MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says :

“I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies.” . . . . .

PROMPT ATTENTION GIVEN TO ALL ORDERS  
WRITE OR CALL

VERMILYEA CORSET CO.  
489 QUEEN STREET WEST  
TORONTO, ONT.

**BABY WITH A TAIL.**—A correspondent to the *Memphis Medical Monthly* contributes the following:

In December last I was called to attend a lady in the country during accouchement, and seeing that she was likely to have a tedious labour, was very careful in eliciting her history prior to this trying ordeal. She stated she had not felt well for several months—ever since she had worried about some favourite young pigs that were being abused in the yard. Going out she carried the pigs into the house, lifting them fondly by the tail; and that occurrence bore on her mind, being much impressed by this novel way of transferring swine.

But alas! after labour was completed, the fond son was also blessed with a tail—a nice, well-formed tail—a tail just where a tail ought to grow—a five-inch tail. The mother, a primipara, did well, also the child; but the father, who was chagrined at so unusual an anomaly, requested its immediate amputation, which we reluctantly performed; after which he exclaimed: "Now, mine pig-boy does better."

The mother, like most women in whom I have

found this tendency to "spot" their young, was of a very frail and nervous temperament, and more than all, was ignorant.

But in conclusion, I am convinced that such mothers can, and do often, transmit their mental impressions to the child in utero, thus developing the many so-called mother's marks. I could relate several similar instances.—JULIAN BERRY, M.D., in *The Times and Register*.

#### FOR SWEATING IN PHTHISIS:

℞ Acid salicylic .....	2 grms.
Aqua puræ .....	10 "
Alcoholis .....	6 "
Glycerinæ puræ .....	4 "

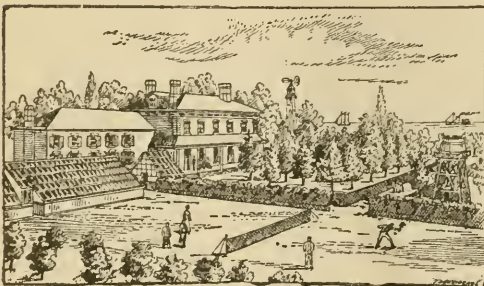
M. Sig. For hypodermic injection at bedtime, 2cc equal to 20 cubic grams of salicylic acid are injected, repeated every four or five days.—E. W. B. in *The Times and Register*.

TO ABORT GONORRHEA: Wash out anterior urethra for four days with 1 to 4000 permanganate of potassium.—JAMIN, *Med. Record*.

[OVER.]

## LAKEHURST SANITARIUM

### OAKVILLE, ONT.



FOR THE TREATMENT OF

## INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
OAKVILLE.

SOME INTERESTING LETTERS.—We are in receipt of the following, which are self-explanatory, from Dr. M. W. O'Brien, who is one of the best known and most reputable of physicians in the State of Virginia. We are glad to have his statement of the treatment accorded such men by the Amick Chemical Company.

ALEXANDRIA, VA.,

Editor *Lancet-Clinic*:

February 18, 1894.

After various soliciting letters from the so-called "Amick Chemical Company," I wrote them the enclosed letter. In reply I have the note I enclose you. Knowing them to be frauds, and knowing they had proven it to you, I thought it best to enclose these notes to you. If you see fit to publish this correspondence in your journal, O K. If Mr. Amick wants to tackle me on my professional standing, he can go ahead. As an old subscriber, I am,

Sincerely yours,

M. W. O'BRIEN, M.D.

ALEXANDRIA, VA.,

AMICK CHEMICAL COMPANY, November 25, 1893.  
Cincinnati, O.

I would be glad if you would stop sending me printed matter, letters, terms and various other communications of

a *tommy rot* character about a so-called "consumption cure." You annoy me, and I am tired of it.

In disgust I am,

M. W. O'BRIEN, M.D.

M. W. O'BRIEN, M.D.,  
Alexandria, Va.

CINCINNATI, O.,  
November 28, 1893.

*Dear Doctor*: Inasmuch as you have time to write us a letter, which proves conclusively that you are a contemptible puppy, you must take time to read this reply.

Your assurance is the greatest display of narrow-minded, pig-headed conceit that it has been our lot to encounter. You are a pretty specimen to make a pretense of being a physician—it is consummate gall for you to use the word "professional." If you had a spark of manhood in you, you would know who you were writing to before making a consummate ass of yourself.

With due respect,

THE AMICK CHEMICAL CO. (E.L.)

—*Lancet-Clinic*.

BOILS:

R Zinc oxid., ..... 3j.  
Pulv. opii, ..... gr. iv.  
Glycerin., ..... q. s.

Mix and make a paste.

Sig.: Apply a light layer of the paste to each boil two or three times a day.—*La Méd. Mod.*

[OVER.]

## THE ACID CURE.

**H**ITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., we will forward to any qualified practitioner for 35c.

### TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." By JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure,—The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. F. Coutts in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, tends to neutralize the poison and overcome the morbid condition; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."

**COUTTS & SONS,**  
72 Victoria St., TORONTO.

**COUTTS'**



**ACETOCURA.**

We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

LONDON, GLASGOW and MANCHESTER,



During the past year 1,652 persons bitten by rabid animals have been under treatment in the seven Pasteur stations existing in Russia. Of these, forty-two have died of hydrophobia.—*Ex.*

#### CHILBLAINS :

Dr. E. Stern recommends the systematic use of the following ointment :

R Oxide of zinc, ..... ʒss.  
Glycerin, ..... ʒiss.  
Lanolin, ..... ʒj ʒiij.

To be rubbed in after washing ; the surplus to be removed with the towel.—*Medical Bulletin.*

A SOCIETY OF ANÆSTHETISTS.—The frequency with which anæsthetics are now used for all manner of professional work makes the employment of anæsthetics one of the most responsible of professional duties.

In every large city anæsthetics are in daily and almost hourly use, and it goes without saying that much recklessness exists in their administration.

Many of the deaths attributed to the anæsthetic agent no doubt result from the method of administration. An unwarranted prejudice has arisen against anæsthetic agents—especially chloroform—from this circumstance.

In London, a Society of Anæsthetists has recently been organized which has for its purposes a more thorough study of the physiology and practical bearings of anæsthesia.

There are a number of medical men in London who give their time to this special feature of work and who gain a living by administering anæsthetics. That such men are more skilful in the use of anæsthetics and more trustworthy can not be disputed.

The organization of a society by such men is a most commendable movement. Practical results can scarcely fail to follow from the observations and studies of these men, and their conclusions will be worth hundreds of investigations by such commissions as are instituted by the Nizam of Hyderabad. A society with a similar purpose in view should be organized in every large city.—*Maryland Medical Journal.*

[OVER.]

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

**T**HERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon **SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES** to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. **SCOTT'S EMULSION** remains under all conditions *sweet and wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.

SANMETTO DOES NOT SIMPLY OBSCURE PATHOLOGY BUT IT CURES.—L. L. De Leon, M.D., Wexford, Mich., writes: "I have thoroughly tested Sanmetto, and I find that it cures. It does not simply obscure pathology by covering the symptoms, but it cures with a rapidity and certainty unequalled by any other remedy I have ever used. It is a sure specific for cystitis, ovaritis and dysmenorrhea; also for urethral irritations. Its good effects are prompt and positive. I shall continue to prescribe it.

The *Southern Medical Record* wants to know the difference between a respectable, high-toned, clever doctor, a member of the Georgia Medical Association, who allows a reporter to interview him, take his likeness, give him a front-page, a picture, and a column or two of write-up, just for his cleverness and prominence, and the travelling charlatan who orders these displays and whatever else he wants and pays the publisher for them? Or what is the difference between the flattering accounts given in our newspapers of operations

done at the hospitals and elsewhere by Dr. ———, and the man who comes to our city for a short stay, rents an office, and runs a standing advertisement in the newspapers, in which he displays and recites his surgery and practice?—*American Lancet*.

#### DIARRHŒA IN YOUNG CHILDREN:

R Syr. rhei aromat. . . . . ̄j.  
Tinct. opii camph. . . . . ̄ss.  
Tinct. cardamom. comp. . . . . ̄ij.  
Aquæ calcis. . . . . ̄vj. M.

Sig. : Teaspoonful every hour or two, as needed.

—*Coll. and Clin. Record*.

SWEATING FEET.—Prof. Kaposi (*Med. Neuigkeiten*, No. 32, 1893) recommends the following formula :

Powdered talc . . . . . gms. 40 (̄jss).  
Subnitrate of bismuth . . . gms. 45 (̄j¾).  
Permanganate of potash . gms. 3 (grs. xlv).  
Salicylate of soda . . . . . gms. 2 (grs. xxx).  
Dust into the shoes every morning.—*Pritchard*.

[OVER.]



## Private Sanitarium ... for Inebriety

No. 1 Clarence Square, TORONTO, ONT.

THIS INSTITUTION possesses facilities for the successful treatment of the drink habit on modern principles.

It is situated on the corner of Spadina Avenue and Clarence Square, and facing a beautiful park; is only one block from street cars, only a short distance from the Brock Street boats, and five minutes' walk from Union Station. All the rooms are large, well furnished, and house is heated by furnace and gas.

The medical treatment is superintended by DR. GOODE, whose assistants are competent. As the residence of patients will be from three to four weeks, and as occupation or amusement is almost necessary, it will readily be seen that a first-class place where gentlemen may be treated in the city has great advantages over a like institution in the country.

## ASTHMA :

- R Etheris, ..... ʒj.  
 Ol. terebinth., ..... ʒij.  
 Acid. benzoic., ..... ʒij.  
 Balsam. toltutan., ..... ʒij.—M.

For inhalation during paroxysm.

- R Sulphate of strychnine, ..... gr. 1-6-1-3.  
 Powdered ipecacuanha, ..... gr. ivss.  
 Powdered black pepper, ..... gr. ivss.  
 Extract of gentian, ..... gr. xx.  
 Essence of periwinkle, ..... gtt. j.

Mix and make 20 pills.

Sig. : A pill after each meal when asthma depends upon digestive trouble.

- R Arsenious acid, ..... gr. j.  
 Hydrochlorate of quinine, ... gr. xv.  
 Sulphate of atropine, ..... gr. ss.  
 Extract of gentian, ..... q. s.

Mix and make 60 pills.

Sig. : Take 4 pills daily.

—Lebert, in *Rev. Intern. de Rhinologie*, etc.

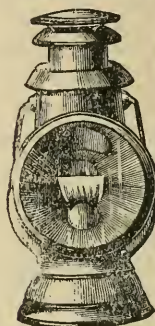
## Women's Medical College of Baltimore

1100 McCULLOH ST., BALTIMORE, Md.

ANNUAL SESSION BEGINS OCTOBER 1, 1894.  
 Three Years' Graded Course. In addition to the usual lectures, quizzes and clinics, personal instruction is given in Obstetrics, Gynæcology, Physical Diagnosis, Laryngology, Ophthalmology, Minor Surgery and Bandaging. Laboratory Instruction in Chemistry, Histology, Pathology and Physiology offers superior advantages to students. For Catalogue, etc., address

I. R. TRIMBLE, M.D., DEAN.

## DIETZ DRIVING LAMP.



**In** it you get the result of much experiment and outlay, also of much REFLECTION.

**From** it you get an astonishing flood of clear white penetrating LIGHT.

**On** it we shed still more LIGHT in a little book, for a copy of which address,

**R. E. DIETZ CO.,**  
**60 LAIGHT ST., NEW YORK.**

# SOMATOSE

A new Meat Extract in powder form, tasteless, and very concentrated.  
 Specially suited for Invalids. . . . .

MANUFACTURED ONLY BY

FARBENFABRIKEN, VORMALS FRIEDR. BAYER & CO.

ORIGINAL INVENTORS OF THE WELL-KNOWN REMEDIES

PHENACETINE-BAYER and SULFONAL-BAYER.

For particulars, address

## DOMINION DYEWOOD & CHEMICAL CO.

TORONTO.

WHOLESALE ONLY.

Sole Agents for Canada.



ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

# WM. R. WARNER & CO.'S SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: **RELIABILITY, SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.**

We append an abridged list of selected formulæ, of value to the general practitioner, any of which we will forward by mail on receipt of price.

SOLUBLE COATED PILLS.		BOTTLE		SOLUBLE COATED PILLS.		BOTTLE	
		100	500			100	500
<b>Abernethy's (Aperient).</b> .....		75	3 50	Pulv. Ipecac, 1-10 gr.			
Dose, 1.				Maas Hydrarg., 2 grs.			
Pulv. Aloes Socot., 2 grs.				Ext. Coloc. Co., 2 grs.			
Pulv. Ipecac. 5-6 gr.				<b>Aperient (Dr. Fordyce Barker)</b> .....		1 00	4 75
Pil. Hydrarg., 1 gr.				Med. prop.—Aperient. Dose, 1 to 2.			
Ext. Hyosciam., 2 grs.				Ext. Coloc. Co., 1 2-3 grs.			
<b>Ague</b> .....		75	3 50	Ext. Nuc. Vom., 1-2 gr.			
Medical properties — Antiperiodic.				Ext. Hyosciam., 1 1-4 grs.			
Dose, 2 to 4.				Pulv. Ipecac. 1-12 gr.			
Chinoidin. 2 grs.				Pulv. Aloes Soc., 5-12 gr.			
Ext. Coloc. Comp. 1-3 gr.				Res. Podophylli, 1-12 gr.			
Ol. Pip. Nig., 1-6 gr.				<b>Cascara Comp</b> .....		75	3 50
Ferri Sul., 1-2 gr.				Med. prop.—Laxative Cathartic.			
<b>Anthelmintic</b> .....		1 00	4 75	Dose, 2 to 4.			
Med. properties—Anthelmintic.				Ext. Cascara Sagrad., 3 grs.			
Dose, 1 to 4.				Res. Podophylli. 1-8 gr.			
Santonin, 1 gr.				<b>Chalybeate, 3 grs.</b> .....		60	2 75
Calomel, 1 gr.				Med. prop.—Antichlorotic. Dose,			
<b>Anti-Bilious (Vegetable)</b> .....		50	2 25	1 to 5.			
Med. prop.—Cholagogue, Cathartic.				Ferri Sulph., 1 1-2 grs.			
Dose, 2 to 3,				Potassa Carb., 1 1-2 grs.			
Pv. Ext. Col. Co., 2 1-2 grs.				<b>Cathartic Comp. Cholagogue</b> .....		60	2 75
Podophyllin. 1-4 gr.				Med. prop.—Cathartic. Dose, 1			
<b>Anti-Constipation</b> .....		75	3 50	to 2.			
Dose, 1 to 4.				Res. Podophylli. 1-2 gr.			
Podophyllin, 1-10 gr.				Pil. Hydrarg., 1-4 gr.			
Ext. Nuc. Vom., 1-4 gr.				Ext. Hyosciami, 1-8 gr.			
Pv. Capsici, 1-4 gr.				Ext. Nuc. Vom., 1-16 gr.			
Ext. Belladon., 1-10 gr.				Ol. Res. Capsici, 1-8 gtt.			
Ext. Hyosciami, 1-4 gr.				<b>Ergotine Comp. (Dr. Reeves)</b> .....		1 75	8 50
<b>Anti-Dyspeptic</b> .....		1 00	4 75	Med. properties—Sedative, Parturi-			
Med. prop.—Applicable where Debi-				ent. Dose, 1.			
lity and Impaired Digestion exist.				Ergotine, 3 grs.			
Dose, 1 to 2.				Ext. Cannab. Ind., 1-4 gr.			
Strychnine, 1-40 gr.				Ext. Belladon., 1-4 gr.			
Ext. Belladonnæ, 1-10 gr.							

Prepared only by

**WM. R. WARNER & CO.**

PHILADELPHIA. NEW YORK. LONDON.

*Preparations supplied by all leading druggists.*

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO.	KERRY, WATSON & CO., MONTREAL	LYMAN BROS. & CO.	TORONTO
EVANS, MASONS & CO.	MONTREAL	ELLIOT & CO.	"
KENNETH CAMPBELL & CO.	"	LONDON DRUG COMPANY	LONDON
R. J. DEVINS	"	R. W. McCARTHY	ST. JOHN
J. WINER & CO.	HAMILTON	BROWN & WEBB	HALIFAX

Originators and Manufacturers of Reliable Effervescent Preparations.

PREPARED BY  
**W. R. WARNER & CO.**

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes.....2 grains. | Pulv. Rose los..... $\frac{1}{2}$  grain.  
" Mastic..... $\frac{1}{2}$  grain. | M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastic, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

B—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext.....1 gr.  
Assafoetida.....2 gr. | Ac. Arsenious.....1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph.  $\text{Fe SO}_4$  } Ferri Carb.  $\text{Fe CO}_3$   
Potass. Carb.  $\text{K}_2 \text{CO}_3$  } = Potass. Sulph.  $\text{K}_2 \text{SO}_4$

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with  $\frac{1}{2}$  gr. Ext. Nux Vomica added to each Pill to increase the tonic effect. Dose 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION

R—Pepsin Conc't.....1 gr. | Gingerine.....1-16 gr.  
Pv. Nux. Vom..... $\frac{1}{2}$  gr. | Sulphur..... $\frac{1}{2}$  gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda.....1 gr.  
Salicylic Acid.....1 gr.  
Ext. Nux Vomica..... $\frac{1}{2}$  gr.  
Powd. Capsicum.....1-10 gr.  
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

B—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna,  $\frac{1}{2}$  gr.

Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinia Ext. Colchicum; Ext. Phytolacca; Capsicum.

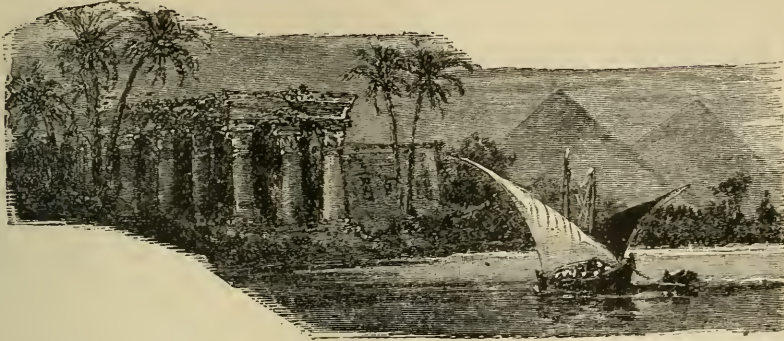
Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.

# In Convalescence

Doctors frequently tell their patients that a **change of climate** or a **sea voyage** would be the best thing for them. . . . .



Very few people, however, can afford to follow this advice, so it is necessary to suggest a substitute.

THE LEADING PHYSICIANS PARTICULARLY RECOMMEND

## WYETH'S BEEF, IRON AND WINE AS A STRENGTH GIVER.

IT IS A VALUABLE RESTORATIVE FOR CONVALESCENTS.

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

AS a nutritive tonic, it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases.

Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill-effects have been experienced from the use of the many imitations claiming to be the same, or as good as Wyeth's. In purchasing or prescribing, please ask for "WYETH'S," and do not be persuaded to take any other.

JOHN WYETH & BRO., DAVIS & LAWRENCE CO. (LTD.) MONTREAL

Manufacturing Chemists, PHILADELPHIA.

General Agents for the Dominion.

P.S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.



# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year==Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**CLARENCE C. RICE, M.D., SECRETARY,**  
**F. E. FARRELL, SUPERINTENDENT.** 226 East 20th Street, New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.

# GRACE HOSPITAL

(Homœopathic)

College and Huron Sts., Toronto.



This Hospital, the only Homœopathic Institution in Canada, is situated in the most desirable portion of the city, accessible by street cars from every quarter, and capable of accommodating upwards of 100 patients. The building is extremely bright and cheerful, steam-heated throughout, and fitted with every modern convenience. To the west of the main building, and connected therewith, is a large residence which is used as a maternity ward.

All cases suitable for hospital treatment, both medical and surgical, are received, and private patients are permitted

the attendance of any qualified practitioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homœopathic treatment.

**BOARD OF TRUSTEES:**—HIS HONOUR JOSEPH E. MACDOUGALL, *Chairman*; EDWARD GURNEY, ESQ.; W. B. McMURRICH, ESQ.; J. D. NASMITH, ESQ.; FRED. ROPER, *Sec'y-Treas.*, No. 2 TORONTO ST., TORONTO; MISS LOUISE BRENT, *Superintendent*; MISS F. E. SHANLY, *Secretary, Grace Hospital*.

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## ALLAN & CO.

HAVE IN STOCK AND ARE OFFERING THE PHYSICIANS  
AND SURGEONS A COMPLETE LINE OF

Slumber Rolls

Atomizers

Silk Stockings

Trusses

Water Bottles

Enemas and Fountain

Syringes

Clinical Thermometers

Surgeons' Sponges

Caustic Points, etc.

Being agents for the IDEAL RUBBER COMPANY, of Brooklyn, N.Y., we are in a position to quote the very lowest prices on all rubber goods.

## ALLAN & CO.,

E. B. S. FLUID EXTRACTS.

53 Front Street East.



**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

**60 COLLEGE STREET,**

**TORONTO.**

**DR. TEMPLE'S****Private Hospital,**

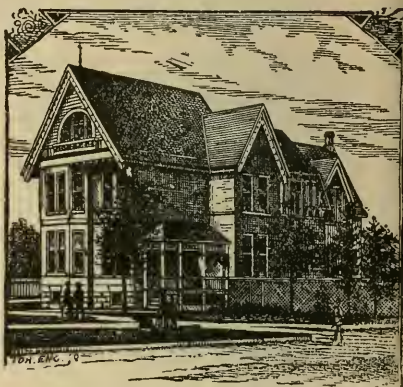
**BELLEVUE HOUSE,**

**87 BELLEVUE  
AVENUE**

**TORONTO.**

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new  
**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALCERNON TEMPLE, M.D.,**

**203 Simcoe Street, - - Toronto.**

**Orthopædic Surgeon****DR. BREMNER**

M.D., Toronto University.

L.R.C.P. Edinburgh ('79).

Late Asst. Surg. N.Y. Hospital for Ruptured and Crippled.

Asst. Surg. Polyclinic, N.Y.



**39 Bloor St. East**

(SOUTH SIDE)

DR. BREMNER, having spent several years in Great Britain, and as Assistant Surgeon to the N.Y. Hospital for Ruptured and Crippled, announces that he has opened an office as an **ORTHOPÆDIC SPECIALIST** at the above address.

All suitable accommodation for patients from a distance secured. Orthopædic instruments and appliances of the most modern type may be procured direct on application by practitioners.

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2 \text{PO}_4$ , Sodium Phosphate  $\text{Na}_2 \text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2 \text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3 \text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychniæ, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

**DOSE.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Drug-ists at One Dollar.



# NEW YORK POLYCLINIC AND HOSPITAL.

Session 1893-4.

The Regular Term begins September 25th, 1893.

THE NEW YORK POLYCLINIC AND HOSPITAL is a Clinical School for Practitioners of Medicine, and supplies the matriculants with Practical Clinical Instruction.

No didactic lectures given. Ample opportunity for individual observation in all branches.

The clinical material is unlimited. More than 150 patients treated daily before the classes.

The Professors and Instructors are officially connected with almost every prominent hospital in and about New York City, and matriculants have ready access to the vast clinical service in these great institutions.

Clinics are given daily in every branch of Practical Medicine, and, in addition, a regular Hospital Schedule has been arranged for those desiring special work.

A Complete Obstetrical Organization affords exceptional opportunities for training in Practical Midwifery, both in the lying-in and outdoor service.

## - - FACULTY: - -

### SURGERY—

John A. Wyeth, M.D.; V. P. Gibney, M.D.; Arpad G. Gerster, M.D.; Andrew J. McCosh, M.D.; R. H. M. Dawbarn, M.D.; Wm. F. Fluhrer, M.D.

### MEDICINE—

R. C. M. Page, M.D.; W. H. Katzenbach, M.D.; H. N. Heine-  
man, M.D.; J. Adler, M.D.

### GYNÆCOLOGY—

W. Gill Wylie, M.D.; Paul F. Munde, M.D.; Henry C. Coe, M.D.;  
H. Marion Sims, M.D.; Florian Krug, M.D.

### EYE—

David Webster, M.D.; Emil Gruening, M.D.; Thomas R.  
Pooley, M.D.

### EAR—

Oren D. Pomeroy, M.D.; Edward B. Dench, M.D.

### THROAT AND NOSE—

D. Bryson Delavan, M.D.; Jos. W. Gleitsmann, M.D.; Morris  
J. Asch, M.D.

### DISEASES OF CHILDREN—

L. Emmett Holt, M.D.; August Seibert, M.

### DISEASES OF THE SKIN—

A. R. Robinson, M.D.; Edward B. Bronson, M.D.

### NERVOUS DISEASES—

Landon Carter Gray, M.D.; B. Sachs, M.D.

### OBSTETRICS—

Edward A. Ayers, M.D.

Session is continuous throughout the year. Students may enter classes at any time. For Catalogue or information call or address,

**H. E. STAFFORD, M.D., ASST. SEC.,**

**L. EMMETT HOLT, M.D., SEC.,**

214-218 East 34th Street, New York.

## Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1894-95.**

The REGULAR SESSION begins on Monday, September 24, 1894, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 28, 1895, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

## Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

### Consulting Physicians.

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

### Attending Physicians.

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their homes as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (separate apartment for graduates.)

For further information apply to

**CHARLES FORD, Superintendent,**

**314 Broome St., New York City.**

Special instruction upon the manikin given by the attending physicians.

# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynaecology.

**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.

**C. W. COVERTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. LeM. GRASETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto;** Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

**CHARLES SHEARD, M.D., C.M., Fell. Trin. Med. Coll., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.

Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S., Edin.;** Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.

Professor of Ophthalmology and Otology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVISON, B.A., Univ. Tor., M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### LECTURERS, DEMONSTRATORS,

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M., Fell. Trin. Med. Coll.;** L.R.C.P., London; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

Diseases of Children.

M.D., M.R.C.S., Eng.; Member of the

Acting Staff Toronto General Hospital.—18 Bloor Street.

Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH, Late Principal and Professor of Chemistry and Pharmacy, Ontario College of Pharmacy.—**220 Sherbourne Street.

Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. *Arrangements* have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the *Hospital*, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$3.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

### INSTRUCTORS AND ASSISTANTS.

**A. Y. SCOTT, B.A., Tor. Univ.;** M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A., Tor. Univ.;** M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A., Tor. Univ.;** M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.—**176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.;** L.R.C.P., Lond.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng.

Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.



# "H. V. C."

Hayden's Viburnum Compound.

Specially Recommended in the . . . .

## AILMENTS OF WOMEN

AND IN

## OBSTETRICAL PRACTICE

A Powerful ANTISPASMODIC, ANODYNE, NERVINE and UTERINE TONIC.

*Perfectly SAFE, PROMPT and RELIABLE, without Narcotics, Coal Tar Products, Depressants or other poisons, and may be given to a child without special caution. Superior to Ergot in all cases where indicated.*

"H. V. C." has now been in the hands of the Medical Profession **Twenty-six Years**, with the most decided success. It is prescribed and recommended by the majority of the most eminent physicians in the United States, and employed in the principal hospitals throughout the Union with satisfaction.

"H. V. C." excels in DYSMENORRHEA, MENORRHAGIA, THREATENED ABORTION, DANGEROUS FLOODING, PUERPERAL CONVULSIONS, SPASMS, TEDIOUS LABOR, INERTIA with a tendency to COLLAPSE, AFTER PAINS, and in cases of GREAT EMERGENCY. A remedy that may be employed HEROICALLY where indicated.

**REFERENCE.**—The great body of the medical profession.

For special directions, formulæ, reports of cases, and the endorsement of *five thousand physicians*, send us your address for our large hand-book—THEORY, PRACTICE and DEMONSTRATION—FREE.

Put up in 4 oz., 10 oz., and 16 oz. bottles, and dispensed by all reliable druggists. Write only for "H. V. C.," and accept no other.


## THE NEW YORK PHARMACEUTICAL CO., BEDFORD SPRINGS, MASS.

A Vitalizing Tonic to the Reproductive System.

# SANMETTO

FOR

## GENITO-URINARY DISEASES.

 A Scientific Blending of True Santal and Saw Palmetto in a  
Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.

## POSITIVE MERIT AS A REBUILDER.

Dose:—One teaspoonful four times a day.

## OD. CHEM. CO., NEW YORK.



# FAIRCHILD'S EXTRACTUM PANCREATIS

As a Solvent of Broken-down Ligamentous Tissue and  
Spicula of Dead Bone in the Abscess  
Cavity of Hip-joint Disease.

---

“Dr. C. D. Jones, of Brooklyn, poured a solution of pancreatic extract (pancreatic extract, 2 dr.; water, 8 oz.) into the abscess cavity of a case of hip-joint disease one week after the operation of excision had been performed. He then wrote me as follows: ‘The solution was allowed to remain in place half an hour, and the result was remarkable. Upon irrigation, I washed out numerous shreds of broken down ligamentous tissue, and many spicula of dead bone that had become embedded in the soft tissues that had previously escaped both irrigator and curette. The wound was then flushed out with hydrogen peroxide, and this treatment was followed by a marked improvement in the patient’s general condition.’”

*Excerpt from Dr. Morris' paper in "N. Y. Medical Journal," April 11th, 1891.*

*See Fairchild's Hand-book of Digestive Ferments.*

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, MAY, 1894.

[No. 10.

## TREATMENT OF DYSPEPSIA AND INDIGESTION.

EXTRACT FROM ARTICLE

By J. A. DE C. WILLIAMS, M.A., M.B., BCh., L.M.K.Q.C.P.I. Eng.

"Digestion is a natural process, carried on by natural agents, and the more closely we approximate our treatment to its normal plan of working, the better are the results obtained. This is more particularly shown by the fact that the 'vis medicatrix naturæ' will often accomplish a cure of disease without any extraneous assistance. 'Naturam expellas furcâ, tamen usque recurret.' The first indication in natural treatment is to clear out any offensive or toxic matters; the next is Rest, and this is as necessary for the stomach as for any other part of the body. Sir Dominick Corrigan used to say that a day's fasting did every man good, and it is notorious that the lower animals observe this when suffering from any traumatic or idiopathic affection of the stomach. Lastly, having removed the cause, and re-established muscular energy by quiescence, we must renew the digestive power (which has been lost or vitiated) by promoting secretory action; and, should it lie in abeyance, supply its place with digestive medicines as closely resembling the natural ferments as possible. The medicines used for this purpose may truly be called 'natural,' and a great many remedies have been put on the market (notably many preparations containing pepsin) purporting to effect a cure of dyspepsia. Some of them are little more than pepsin, in a state of greater or less purity. But, as digestion

is the result of action of the saliva, gastric juice, bile, and pancreatic secretion, etc., we require, to perfect it, a medicine which will supply all these elements, as it is often impossible to diagnose which of these substances may be wanting. **LACTOPEPTINE contains all ingredients necessary to a perfect digestive agent, and I therefore prefer it to all other preparations.'**

"A glance at the formula of LACTOPEPTINE will convince the most sceptical of the valuable results that must ensue from its administration. Composed of ptyalin, pepsin, pancreatine, hydrochloric and lactic acids, **it combines all the digestive agents.** Where there is a deficiency in the system of all or any of these agents, LACTOPEPTINE will supply the want—so digesting food and enabling the organs that produce these principles to rest and recuperate their relaxed energies."—*Braithwaite's Retrospect of Practical Medicine and Surgery.*

"LACTOPEPTINE is a carefully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with the small proportion of acids always present in the healthy stomach. It is a most valuable digestive agent."—JOHN ATTFIELD, PH.D., F.R.S., ETC., *Prof. of Practical Chemistry to Pharmaceutical Society of Great Britain.*

 SAMPLES FREE TO MEDICAL MEN.

NEW YORK PHARMACAL ASSOCIATION, 30 Wellington Street East, TORONTO.

# FELLOWS' HYPO=PHOS=PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

## To the Medical Profession of Canada . . . .

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

- FIRST.**—Unique harmony of ingredients suitable to the requirements of diseased blood.  
**SECOND.**—Slightly Alkaline reaction, rendering it acceptable to almost every stomach. {  
**THIRD.**—Its agreeable flavour and convenient form as a Syrup.  
**FOURTH.**—Its harmlessness under prolonged use.  
**FIFTH.**—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

# DO YOU FISH ?

If so, you should have a pair of our

## FISHING PANTS OR STOCKINGS

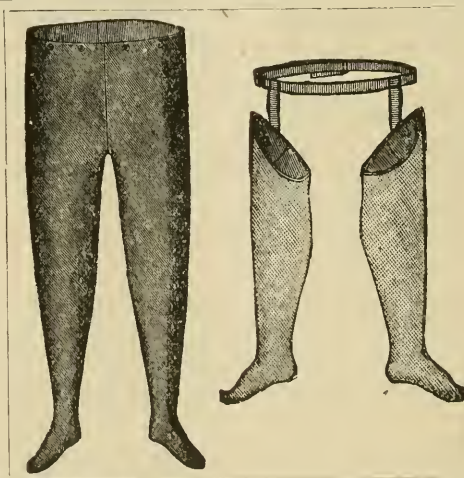
... MADE OF ...

**Tan**  
**Silesia**  
**Mackintosh**

... OR ...

**Dull**  
**Finish**  
**Rubber on**  
**Drill**

STOCKING AND BOOT FEET



**Canoe Beds**  
**Life Preservers**  
**Air Pillows**  
**Bathing Caps**  
**Swimming Collars**  
**Rubber Cups**

## EVERYTHING IN RUBBER

### THE TORONTO RUBBER CO. LTD.

PHONE 455

28 King St. West, TORONTO, ONT.



CONTENTS.

EDITORIALS:—	PAGE	AN EPITOME OF CURRENT MEDICAL LITERATURE:—	PAGE
Council Meeting .. .. .	341	MEDICINE: A New Method for the Detection of Tubercle	
Prevention of Consumption .. .. .	342	Bacilli in Sputum—Two Cases Illustrating the Diffi-	
Science of Bacteriology .. .. .	342	culties in the Diagnosis of Gastric Ulcer .. .. .	364
Editorial Notes.. .. .	343	Absorption of Salicylic Acid by the Skin and its Use in	
BRITISH COLUMBIA:—		Acute Rheumatism—Diphtheria—Jaundice and Emo-	
British Columbia Medical Council .. .. .	343	tional Disturbance—The Preparation of a Nutrient	
Then and Now—A Rip Van Winkle Experience. By E.		Medium for Bacteria from Eggs .. .. .	366
Stephenson, M.D., M.C.P.S. Ont. .. .. .	344	Exalgin as an Anodyne—An Unusual Cause of Renal	
PRINCE EDWARD ISLAND:—		Hæmorrhage—A Case of Thrombosis of the Basilar	
Higher Medical Education Misconstrued .. .. .	346	Artery .. .. .	367
ORIGINAL COMMUNICATIONS:—		Treatment of Severe Chorea by Chloroform and Mor-	
Mistakes in Practice. By Dr. Geo. Hodge .. .. .	347	phine—Thyroid Extract in Washerwoman's Eczema,	
The Pathological and Clinical Features of Atrophic		and as a Local Application .. .. .	368
Rhinitis. By Mr. Wyatt Wingrave, London .. .. .	350	SURGERY: The Treatment of Eczema of the Ear—An	
ANNUAL EXAMINATIONS:—		Anomalous Case of Stone in the Bladder in a Female	
Toronto University .. .. .	359	—Cancer of the Testicle .. .. .	369
MEETINGS OF MEDICAL SOCIETIES:—		Healing of Tongue Bites .. .. .	370
Canadian Medical Association .. .. .	359	MIDWIFERY: Menstruation in a Young Infant—Preg-	
London Medical Society .. .. .	359	nancy and Hepatic Abscess .. .. .	370
Toronto Alumni .. .. .	360	Pregnancy after Ventrifixation .. .. .	371
Ontario Medical Association .. .. .	360	PERSONALS .. .. .	371
CORRESPONDENCE:—		BIRTHS, MARRIAGES, DEATHS:—	
Council Elections. By Geo. M. Shaw, M.D. .. .. .	361	Robertson—Wilson .. .. .	371
Should These Things Be? By G. R. Cruickshank, M.D. 361		Bull .. .. .	371
Treatment of Diphtheria. J. Baugh, M.D. .. .. .	362	MISCELLANEOUS:—	
What are Medical Ethics? By W. Newell .. .. .	362	The Doctor's Wife—Lanolin .. .. .	372
District Associations. By A. C. Bowerman.. .. .	363	Epistaxis .. .. .	373
BOOK NOTICES .. .. .	363	For Pulmonary Tuberculosis .. .. .	374
		A Chinese Medical Diploma—A Tonic Mixture—For	
		Diabetes .. .. .	375
		The Editor of "An American Text-Book of Practice" .. 376	
		Acute Catarrhal Tonsillitis—"Viewing the Body" .. 377	
		Action of Somatose on Healthy Persons .. .. .	378
		Antipyretic Pills in Phthisis—Pyrexia in La Grippe—A	
		Plea for the Pipe—External Treatment for Rheumatism 379	
		"Doc"—Blisters of the Feet—Insomnia of Children .. 380	

## The milk supply open to suspicion.

Tuberculosis in cows is very prevalent. The preparation of infant foods with infected milk is dangerous.

## NESTLÉ'S FOOD

meets this emergency, being prepared for use with water only. It furnishes the safest and most nourishing diet for infants obtainable.

Physicians indicating number of samples desired will be cheerfully supplied gratis by addressing

Thos. Leeming & Co., 73 Warren St., N. Y., Sole Agents for the U. S.

# Seeing is Believing

The cured patient is an ocular evidence of her physician's skill. Asparoline Compound will help you, Doctor, to cure Functional Dysmenorrhœa and Leucorrhœa patients. May we send you enough, free, to prove this assertion?

DR. F. C. BRUCE, of Easthampton, Mass., writes us:—

"In a case of Dysmenorrhœa of four years' standing—the worst case I have ever seen—which one grain of Morph. Sulph. would not relieve for more than half an hour, I gave a two-ounce bottle of 'Asparoline,' and it afforded more relief than had ever been experienced from any previous remedy. The second catamenial period following its use was unattended by any pain, and only one teaspoonful was then taken. The patient now describes her periods as painless.

"I have used 'Asparoline' in Post-Partum pains, in Menostasis and in Menorrhagia, and I am convinced that if there is a panacea for uterine and ovarian diseases, 'Asparoline' is that panacea."

#### FORMULA.

Parsley seed	.....	Grs. 30
Black Haw (bark of the root)	.....	" 60
Asparagus seed	.....	" 30
Gum Guaiacum	.....	" 30
Henbane leaves	.....	" 6
Aromatic	.....	

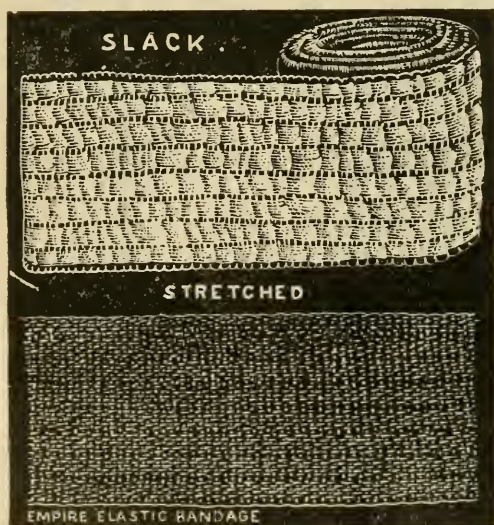
To each fluid ounce.

PREPARED SOLELY BY

## HENRY K WAMPOLE & CO.

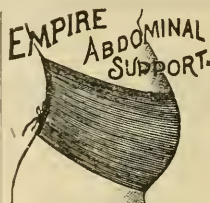
Pharmaceutical Chemists

PHILADELPHIA, PA.



### THE EMPIRE ELASTIC BANDAGE.

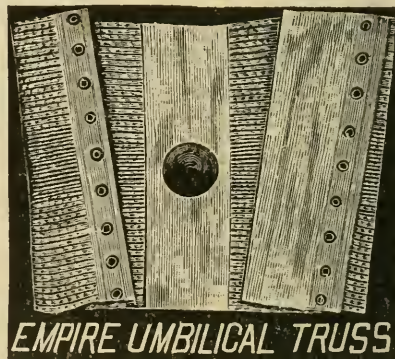
Specially adapted for varicose veins, and superior to elastic stockings. The most elastic and absorbent bandage made. Price, 3 in. x 5 yd., \$1.00.



### THE EMPIRE ABDOMINAL SUPPORTER

Is the best, cleanest, coolest, most comfortable and efficient supporter in the world. TRY IT.

PRICES: 8 in. wide, \$2.50;  
11 in. wide, \$3.00.



The Empire Umbilical Truss is an 11 inch supporter, with button inserted at the navel. Price \$1.00.

The above prices are net to Physicians, postage paid, upon receipt of price. Satisfaction guaranteed.

## EMPIRE MANUFACTURING CO., LOCKPORT, N.Y., U.S.A.



# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomoea Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the convolvulus scammonia of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
Hyd. Subchlor .....gr. ii.  
Fiat pulv.  
Sig. —. H. S. S. —.

## COMPLIMENTARY TESTIMONIAL:

TORONTO, JANUARY, 1894.

MESSRS. J. C. GRAY & Co.,

*Manufacturing Apothecaries.*

GENTLEMEN,—I have used your **Vermifugin** frequently as an anthelmintic, and find it very convenient and efficacious.

Yours,

J. T. ROBINSON, M.D.,

*Resident Physician, Hospital for Sick Children.*

# JOHN C. GRAY & Co.,

MANUFACTURING APOTHECARIES,

TORONTO, CANADA.

N.B.—Price to Physicians and Retail Druggists. \$1.00 per ounce bottle.



# BRITISH DOMINION WINE

Manufactured from the best Canada Grapes, without the use of either artificial colouring or distilled spirits in any form.

After repeated chemical analyses of the wines made by Robert Bradford, of No. 595 Parliament Street, Toronto, I do not hesitate to pronounce them to be unsurpassed by any of the native Wines that have come under my observation.

Analyses show them to contain liberal amounts of the ethereal and saline elements, sugar and tannic acid, etc., characteristic of true Wine, and which modify materially the effects which would be produced by alcohol alone.

Retaining to a high degree the natural flavour of the grape, they serve the purpose of a pleasant table Wine as well as that of a most valuable medicinal Wine. —**CHARLES F. HEEBNER, Ph.G., Phm.B.,** *Dean and Professor of Pharmacy, Ontario College of Pharmacy.*

**R. BRADFORD,**

595 Parliament St., - TORONTO, ONT.

# PIL: HÆMATINIC:

(HOWARD'S).

Oxygenator and Physiological Stimulant,  
Tonic and Reconstructor.

THE attention of the Profession is respectfully called to the remarkable curative effects of PIL: HÆMATINIC: (Howard's) in all cases of LOWERED VITALITY.

**PARALYSIS** and **LOCOMOTOR ATAXY** are frequently much benefited by these pills, and many incontrovertible cures of such cases have been effected by their agency.

Useful in all Atonic, Anæmic, and Paralytic states, such as Anæmia, Chlorosis, Recovery from Acute Disease, Lactation, Neurasthenia, Alcoholism, Morphinism, Chronic Neuralgia, Sciatica, Chorea, etc.

FORMULA will be furnished to Physicians ordering one dozen boxes or more.

These pills do not derange the gastric functions, nor become inert by keeping.

**DOSE**—1 to 3 pills preferably half an hour after eating. In Boxes only, 50 cents each, \$4 per dozen, postpaid. Correspondence solicited.

The Dr. Howard Medicine Co., B'd,  
BROCKVILLE, Ont.

# The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

SAMUEL C. BENEDICT, M.D.  
SURGEON.

VICE-PRESIDENT OF THE  
NATIONAL ASSOCIATION OF RAILWAY SURGEONS

RICHMOND AND DANVILLE,  
MACON AND NORTHERN,  
SEABOARD AIR LINE,  
AND  
GEORGIA RAILROADS.

ATHENS, GA., APRIL 13TH, 1894.

DEAR SIRs:

AS PER ENCLOSED, PLEASE SEND ME AN OUNCE EACH OF ANTIKAMNIA IN 2, 3 AND 5 GRAIN TABLETS. IT IS A REMEDY OF MARVELOUS EFFICACY AND PERFECTLY SAFE USED WITH THE PROPER DOSAGE TO AGE AND TEMPERAMENT. ANTIKAMNIA IS EXCEEDINGLY VALUABLE FOR PAIN, PERMITTING ME IN MANY CASES TO DISPENSE WITH PREPARATIONS OF OPIUM.

VERY TRULY YOURS,

*Samuel C. Benedict*

MIAMI MEDICAL COLLEGE, CINCINNATI, OHIO.

BESIDES "ANTI-KAMNIA" IN ORIGINAL POWDERED FORM, OUR LIST NOW INCLUDES:

ONE GRAIN TABLETS  
TWO GRAIN TABLETS  
THREE GRAIN TABLETS  
FIVE GRAIN TABLETS  
TEN GRAIN TABLETS  
• ALSO •  
FIVE GRAIN  
ANTI-KAMNIA AND QUININE TABLETS  
2½ GRS. EACH ANTI-KAMNIA AND QUININE)  
AND FIVE GRAIN  
ANTI-KAMNIA AND SALOL TABLETS  
(2½ GRS. EACH ANTI-KAMNIA AND SALOL)

GENTLEMEN:

WASHINGTON, D. C., JAN. 10, 1894.  
SINCE MY FIRST EXPERIENCE WITH ANTI-KAMNIA, NOW NEARLY FIVE YEARS AGO, WHEN I GAVE A DOSE OF ABOUT TEN GRAINS FOR THE RELIEF OF PAIN, I HAVE NEVER HAD CAUSE TO FEEL DOUBTFUL OF ITS ACTION OR BEEN DISAPPOINTED WHERE INDICATED, WHEN THE "GENUINE" DRUG WAS USED.

YOURS RESPECTFULLY,

C. E. POSTLEY, M. D.

N. B.—PHYSICIANS PRESCRIBING, SHOULD SPECIFY "ANTI-KAMNIA" (GENUINE), THUS ASSURING DESIRED AND EXPECTED RESULTS.

SINCERELY YOURS,

THE ANTI-KAMNIA CHEMICAL CO.,  
ST. LOUIS, MO.

SAMPLES ON APPLICATION.

## ELIXIR ALETRIS CO.—E.B.S.

**STRENGTH.**—Each fluid drachm contains the active constituents of Aletris Farinosa, 10 grains; Viburnum Prunifolium, grains; and Cimicifuga Racemosa, 2½ grains.

THIS combination was designed to meet the requirements of gynecological practice by supplying a uterine sedative which could be used in place of Potassium Bromide, and which would not be open to the well-known objections that have been urged against this salt. The testimony received since this elixir has been before the profession is sufficient to warrant the assertion that it has fulfilled admirably the required purpose, while a secondary tonic action, due to the Cimicifuga, renders the combination pre-eminently valuable.

Its use is specially indicated in case of a tendency to abortion, and may be continued during the entire period of gestation.

**T. Milburn & Co.,**

WHOLESALE AGENTS,

TORONTO.

## FOR Dysentery and Diarrhoea OF CHILDREN

**R**latrol - gr. v.  
Warm Water qt. j.

Inject into bowel every four hours until improvement is noted

Dr. J. H. Sackrider, of East Randolph, N. Y., says: "The first case in which I used Iatrol in Dysentery was in treating a child two and one-half years of age, whose recovery was given up. I made a solution of 5 grs. in a qt. of warm water. This was introduced through a soft catheter as far into the bowel as possible. No more blood after the first washing—a few stools of mucous—then natural movements and a rapid and perfect recovery.

"I now use Iatrol in all severe cases of Dysentery, increasing or diminishing dose as indicated, using in very warm water every 4-6-8-12 hours, with the most happy results."

Sample sent free if this journal is mentioned

CLINTON PHARMACEUTICAL CO.  
Manufacturing Chemist Syracuse, N. Y.

CANADIAN BRANCH: BELLEVILLE, ONT. - P. O. BOX 84.

## Doctor

IF YOU WILL  
... INVEST

**\$10**

**IN TWO AUTOMATIC  
DRIVING LAMPS**



They will make your night work a source of pleasure.  
Illustrated Circular on application.

**S. L. REEFY, M.D.,**

**EDINBURG, ILL., U.S.A.**

## R. M. MELVILLE

**General Steamship and Railway Agent,**

**NEXT GENERAL POST OFFICE, TORONTO.**

*TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.*

**TELEPHONE 2010.**

## HOW TO READ With Comfort and Profit HOLLOWAY'S

READING STAND *and*  
DICTIONARY HOLDER

Combines a **Dictionary Holder, Book Rest, Writing Table and Lamp Holder.** Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the **Century Dictionary.** \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



*ILLUSTRATED CATALOGUE FREE.*

**THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.**

## BATES & DODDS, = Embalmers =

**931 QUEEN STREET WEST,**

**CORNER STRACHAN AVENUE,**

**TORONTO.**

**TELEPHONE No. 513.**

## Kenny's Celebrated Hair Restorer.

**A** VALUABLE East Indian remedy. Restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. **50c. and \$1 a bottle.** Manufactured only by

**SERGT.-MAJOR JAMES KENNY.**

**BRUNSWICK BLOCK**

**370 1/2 College Street, TORONTO.**

For Sale by Druggists and Manufacturer.

-- Orders by Mail promptly attended to.

Meetings, Etc., Reported . . . . .

. . . . . Examinations taken outside of Toronto

**ALEX. DOWNEY**

**CHARTERED STENOGRAPHIC REPORTER**

*Official Reporter Admiralty Court  
Official Reporter Col. Ph. and Sur., Ont.  
Commissioner for Quebec  
Commissioner for New York*

**TELEPHONE 421**

**79 Adelaide St. E., Cor. Church St.,  
(FIRST FLOOR)**

**= Toronto**

Medical Practice . . . .

AND

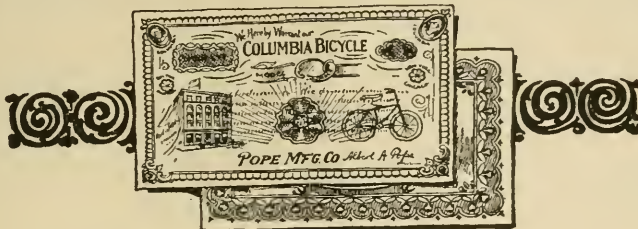
. . . Property for Sale

In Western Ontario; fine roads; good country and village practice; farmers wealthy; practice last year was nearly \$4,000. All communications to be addressed to

**J. E. B., 147 COWAN AVE., TORONTO**



# THE VALUE OF THE COLUMBIA GUARANTEE



## IS RECOGNIZED BY ALL WHEELMEN

**S**INCE the construction of the first Columbia Bicycle, Columbia dealing has been characterized by exceptional fairness and liberality. No failure on our part to acknowledge a fault has ever been recorded against us. Pioneers in bicycle construction, we have finally passed through and beyond the experimental stage until to-day in offering our splendid line of new wheels, we assert unhesitatingly that they are without flaw or fault that can be prevented by human foresight and scientific skill. From a thorough analyzation of the raw material by an expert metallurgist through a rigid system of testing unsurpassed in effectiveness by any machine works in the world, the Columbia Bicycle leaves the hands of its makers perfect in every fundamental principle.

**POPE MFG. CO.** BOSTON, NEW YORK,  
CHICAGO, HARTFORD.

Our Illustrated catalogue will tell you all about Columbias at \$125. It is free at our agencies, or we mail it for two two-cent stamps.

# Ontario Medical Association

FOURTEENTH ANNUAL MEETING, JUNE 6TH AND 7TH, 1894.

THE ANNUAL MEETING of the above Association will be held in the CITY OF TORONTO, on WEDNESDAY AND THURSDAY, JUNE 6TH AND 7TH.

Return tickets to delegates and wives at ONE AND ONE-THIRD FARE.

Papers are invited. Gentlemen desirous of reading papers or presenting cases before the Association are requested to notify the Secretary by the first of May, of the title of such paper or case, for submission to the Committee on Papers and Business.

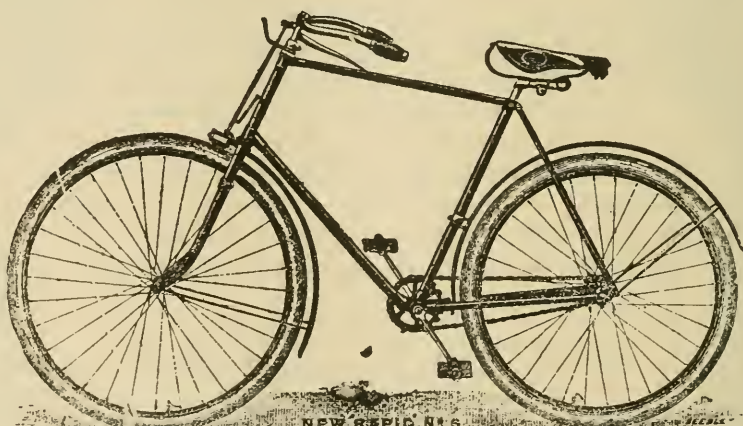
Forms of application for membership may be obtained from the Assistant Secretary.

L. MCFARLANE, *President*, TORONTO.

D. J. GIBB WISHART, *General Secretary*, 47 GROSVENOR ST., TORONTO.

J. N. E. BROWN, *Assistant Secretary*, 552 CHURCH ST., TORONTO.

## PHYSICIANS SHOULD ALL RIDE BICYCLES



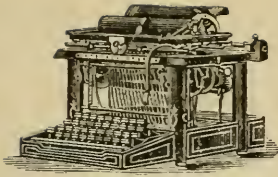
One of our \$110.00 "NEW RAPIDS," with unbreakable spokes

OUR BEST RECOMMENDATION IS—ASK THOSE WHO RIDE OUR WHEELS WHAT THEY THINK OF THEM.  
..... SEND FOR BICYCLE CATALOGUE .....

THE T. EATON CO. LIMITED

190 YONGE ST., TORONTO.





# Remington Typewriter



SIMPLE  
RAPID  
DURABLE

☞ MACHINES RENTED.

## The Medical Profession

Will find no other invention of modern times that has done so much to economize time and to lighten the labours of overworked professional men as the

## Remington Typewriter

OPERATORS SUPPLIED. ☞

**GEORGE BENGOUGH,**

Telephone 1207.

**45 Adelaide Street East, TORONTO.**

## CHEMICAL LABORATORY.

**Dr. A. R. Pyne,**

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.  
Milk, quantitatively - - - 2.00.  
Water and Urine, quantitatively, each - 5.00.

*SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF URINE FOR INSURANCE COMPANIES.*

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

**A. R. PYNE, M.B.**

*University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).*

## NOTICE TO THE MEDICAL PROFESSION

OF MANITOBA AND BRITISH COLUMBIA.



Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring **Trusses or Surgical Appliances** for diseases of the **Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc.**, or an **Artificial Limb** for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

**AUTHORS & COX,**

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses and Surgical Appliances.



# SHORTHAND

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

## **Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

# BUSINESS

# CANADIAN Medical Practice and Partnership Office.

ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

MAY 26th.

**Locum tenens.** I have always at the service of the profession three gentlemen, with foreign qualifications, to act as *locum tenens*.

Gentlemen desiring to purchase will kindly specify the class of practice they are able to negotiate.

Class A will require, at least, \$2,000 cash for first payment. Class B will require, at least, \$1,000 cash for first payment. Class C will require, at least, \$750 cash for first payment. Class D will require, at least, \$500 cash for first payment. Class E will require, at least, \$100 to \$400 cash for first payment.

It will be understood that enquiries in any particular class will indicate to the Office the limit of cash the purchaser wishes to invest, and all practices upon the Register in that class will be sent in fullest details.

**Three good openings** for Junior Graduates of limited means, neither property equipment nor bonus required; all these openings from \$1,000 to \$1,500 are sure, \$100 for choice.

I am constantly receiving inquiries for *good openings at fair terms*, and would request those having practices of real value, who desire to dispose of them, or to sell a share, or get assistants, to register them without delay. Those desiring to purchase may be assured that *only those practices will be registered* which are of the very best and the details of which are *strictly accurate*.

All communications are strictly confidential.

## The following are only a partial list of those registered for sale:

**ALBERTA.**—One excellent practice, unopposed, in Alberta District—\$500.

**BRITISH COLUMBIA.**—Good opening in thriving town, mainland, for transfer on very reasonable terms.

**Good opening** for young man on Vancouver Island, in thriving locality, \$500.

**NOVA SCOTIA.**—\$2,500 practice in middle of Province. Owner retiring on account of ill health. Property \$1,500, \$1,000 cash. Excellent opening for Presbyterian.

**Good \$3,000 practice** in large seaboard town for cost of furniture and equipment—going south for health—Methodist or Presbyterian, for \$1,500 cash or approved paper.

**Practice of \$2,000**—Wanted—for French confrere.

**QUEBEC**—Wanted—A practice from \$3,000 to \$4,000, in English-speaking community, for experienced McGill man.

## ONTARIO.

A—\$2,500 a year in town of 1,000 population for cost of residence and drug store, \$3,500—only \$1,000 cash.

B—For \$500 cash, residence of retired physician may be leased and good introduction given, where \$2,500 to \$3,000 could easily be made by competent man; in good village and rich farming country.

C—\$1,200 practice, unopposed, fine country, \$300.—M-28.

D—\$1,500 village and country, unopposed, with drugs and office equipment, \$350.—L-4.

E—\$1,500 village, best country, rich farmers, good roads, for value of property.—F-8.

F—\$1,800 good village and country practice, house on lease \$100 a year, bonus \$250. Good chance for active Presbyterian.—J-7.

G—\$2,000 unopposed practice, centre of Ontario, rich farming country, \$500.—E-13.

H—\$2,250 in good northern town, excellent chance for young Presbyterian, only the cost of house required.—E-16.

I—\$2,500 rich country village, \$1,000 cash on property, balance to suit.—D-21.

J—\$3,000 practice in manufacturing town, special appointments netting over \$500 a year, small opposition, splendid connections, less than cost of property—\$4,000. Cash required, \$1,000. An excellent opening for Methodist or Catholic. Easy terms.

K—\$4,000 practice in live eastern town, with good appointments, no property to buy; can secure excellent introduction and lease of good central residence, \$1,000. Half cash, balance in a year.

L—\$3,500 in live town—with large country field—splendid pay, good introduction. For cost of property \$3,000, \$1,000 cash, balance on easy terms. Methodist or Presbyterian.

M—\$3,500 practice, all cash, country town, for cost of property.—C-7.

N—\$4,000 a year in live eastern town, opposition slight, no property to buy. Good introduction and good will, for \$1,000, part cash. Excellent chance for either Presbyterian or Roman Catholic.

O—\$5,000 Finest practice west of Toronto, large thriving manufacturing centre, property on best corner in town, practice \$5,000 a year, hospital and other appointments to purchaser of property. This is the best opening on Register this month, for smart active man of a few years' experience having a little money.

P—\$5,500 good practice in live western town, fine opening for active, ambitious man.—F-27.

**Wanted.**

A good high-power microscope for cash or exchange for amputating case, or standard authors in medicine or surgery.

**For Sale.**

Splendid galvano-cautery for immediate sale, in first-class order. Cost \$80, sell for \$25, with full cautery points, handles and cords.

Letters must be direct from medical practitioners only, and must enclose stamp for reply; otherwise they will remain unnoticed.

Address—

DR. J. E. WHITE, 185 CARLTON STREET, TORONTO

# VERNOY ELECTRO-MEDICAL SANATORIUM

231 AND 192 JARVIS ST., TORONTO.

THE Sanatorium buildings are cheerful, roomy and homelike. Large lawn in front and behind the west house. It is situated on the prettiest and pleasantest street in Toronto, and combines quietness with convenience to the business part of the city. No noise of street cars to disturb.



Physicians who have patients in need of the benefits of Sanatorium life, rest, change, systematic regimen and oversight, are requested to send them to us, and retain them under their own care, or to place them under that of the Medical Superintendent.

**BATHS** of various kinds, **MASSAGE, ELECTRICITY, Etc.**

**The Electrical Department** is fully equipped for the latest and best forms of treatment, and is under the care of Prof. S. Verney, who has had more than twenty-five years' experience in its application and uses.

Members of the staff are available for the giving of treatments in Electricity and Massage under the direction of the attending physician.

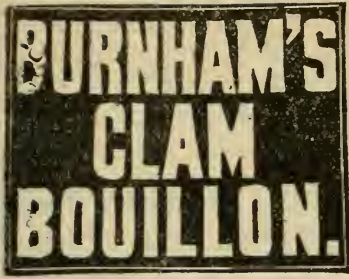
---

For circular, terms and other information, address—

**JENNIE GRAY, M.D.,** *Medical Superintendent,*

**231 JARVIS STREET, TORONTO.**





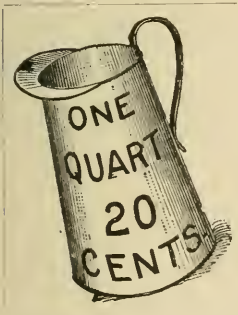
## A Food That Takes One Back To First Principles.

### WHAT IS IT?

Containing phosphorus, lime and sodium, which are essential to the animal organization and vitalization, and furnishes, in its relation to its weight and volume, the greatest possible quantity of nutritive principles. Nutritive principles, as is well known, are thermogenic elements. It satisfies the taste without producing too quickly the sensations of satiety, and contains that valuable property of ease of digestion in the stomach and readiness of absorption in the intestines.

### A PLAIN STATEMENT.

Burnham's Clam Bouillon is **guaranteed** to be strictly pure and free from any antiseptics or preservative whatsoever, and the



manufacturers will pay **\$100.00** to any chemist who, upon analyzing, finds in it any substance not naturally present in the clam. It is more strengthening than milk or extract of beef, is easily prepared by adding hot water, and is much cheaper. You will find it a very acceptable change from the long list of beef and other food

products now offered. **Specify Burnham's Clam Bouillon, which is put up only in glass bottles.** A sample bottle will be sent free to any physician upon application to the

**E. S. BURNHAM COMPANY,**

120 Gansevoort St.,

NEW YORK.

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## **COD LIVER OIL AND IRON**

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

Put up and sold only by

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

## **Ferrol Manufacturing Co.,**

Retail by all Druggists . . .

HEAD OFFICE:  
**205 SPADINA AVE., TORONTO.**

# "Vinolia"

EMOLLIENT  
SAFE and  
PURE

FOR SENSITIVE  
SKINS

# Soap

Premier, 15c.; Floral, 20c.; Balsamic, 25c.; Toilet (Otto), 35c.;  
and Vestal 85c. per tablet.



## "VINOLIA"

THE CHOICEST OF

## CREAMS

For itching, face spots, eczema, chaps, chilblains, skin irritation,  
etc., etc.

**RELIEVES ITCHING AT ONCE**

"An emollient cream for the skin in eczema, rash, eruptions, etc."—*Lancet*.

50c., \$1.00, and \$1.75 per box.

## "VINOLIA" POWDER

**SOLUBLE, SOOTHING, SAFE**

For Toilet, Nursery, Perspiring Surfaces, Redness, Roughness,  
etc., etc.

"An impalpable rose-dusting Powder; soluble, of remarkable fineness, and well  
adapted for the nursery, toilet, weeping surfaces, etc."—*British Medical Journal*.

50c., \$1.00, and \$1.75 per box, in Pink, White, and  
Cream tints.



# BLONDEAU & CIE., 73-77 Watts St., NEW YORK

ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.



THE NEW METHOD  
FOR THE  
ADMINISTRATION  
OF  
TOXIC MEDICAMENTS

# Diurnules AND



# Diurnal Tablet Triturates.

The principle of this new method of Diurnal Medication consists in dividing the FULL DAILY DOSE into 12 small equal doses, one of which is to be administered every two hours.

It is almost impossible for the practitioner to have at finger's end the ordinary minimum and maximum dose of each alkaloid, glucoside and similar active principles.

“AS AN ILLUSTRATION,” SAYS DR. E. TROUETTE,

“TAKE THE EXAMPLE OF DIGITALIN:

“At the moment of prescribing this substance, one cannot recall exactly the maximum dose in milligrammes which may be given to an adult in 24 hours; one's memory must be very trustworthy to justify the prescription of a dose of  $1\frac{1}{2}$  milligrammes; and it is, besides, necessary that chloroformic amorphous digitalin of the Codex be specified, for there are other digitalins—the crystallized digitalin of the Codex, for example, which may not be prescribed without danger in a dose beyond one milligramme. Adding to this the fact that, if the physician specifies nothing, the pharmacist must supply the chloroformic amorphous digitalin of the Codex, what, then, will be the result? Fearing to prescribe a toxic dose, we risk the giving of a quantity inadequate to the purpose in view.

“All physicians are aware that, in order to obtain a rapid and energetic action, it is often necessary to skirt the boundaries of toxicity. A physician cannot possibly, however, have access to his formulary every time he is called upon to prescribe a dangerous medicament; the same hesitation arises at each prescription of a very active substance, unless he confines himself to the use of several drugs comprising his daily routine.

“With this Diurnule method all dangerous medications are so divided that, *however toxic*, the maximum dose to be given to an adult in 24 hours shall

be exactly divided into 12 doses. For example, the maximum dose of chloroformic amorphous digitalin of the Codex being  $1\frac{1}{2}$  milligrammes, the 12 Diurnules together will contain  $1\frac{1}{2}$  milligrammes. For crystallized digitalin of the Codex, of which the maximum dose in 24 hours is one milligramme, each Diurnule should contain one-twelfth of one milligramme, in such manner that, if the physician wishes to prescribe the maximum dose to be divided amongst the 24 hours, he will prescribe one Diurnule every 2 hours, or two Diurnules every 4 hours, or three Diurnules every 6 hours, etc. If it be desired at the outset to give the maximum dose, in certain urgent cases which the physician will alone be able to judge, according to the nature of the patient or of the malady, the 12 Diurnules may be prescribed in a single dose.

“There will thus be no inconvenience arising from the voluntary or involuntary substitution of one digitalin for another: the dosage of each being in proportion to its activity, and consisting of one-twelfth the maximum dose, which will always represent the same action.

“The physician will no longer have to exert his memory to recall the maximum dose of such and such a medicament; he will have to remember only the figure 12—the duodecimal.”

We should be pleased to receive your request for our literature upon this subject, and for samples of both DIURNULES and DIURNAL TABLET TRITURATES.

## PARKE, DAVIS & CO.,

WALKERVILLE, ONT.,

DETROIT, NEW YORK, and KANSAS CITY, U.S.A.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

R. B. ORR,

EDITOR.

All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, MAY, 1894.

[No. 10.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### COUNCIL MEETING.

This month, which ushers in the summer, and is looked forward to by all for its pleasantness and beauty, is, at the present time, the last one in the year of the Medical Council of Ontario. In the early part of June, another and final session of the present body will be held, and all medical eyes are watching for its doings with great interest.

There are many things we would like to see, but it is not our province to dictate to the Council—rather may we outline the probable work which will in all likelihood be undertaken. The first, and probably the most important, to be dealt with will be the subject of "Contract practice," both with regard to its effect on the general profession and on the deliberating body itself. The importance is demonstrated by the large amount of correspondence carried on in the columns of this journal, and the general sentiments, as a rule, against the work so ably expressed there. Most writers condemn but suggest no remedy, and in this case we presume the Council is looked to for a solution. Under the present circumstances, we can hardly see how they can deal with it other than by a committee to investigate the condition of affairs, with orders to report to the incoming Council of

1895. Some may argue that members of the committee may not be members of the new Council; but that has no effect whatever, a committee-man being eligible for his position until replaced or the committee dissolved. The advisability of the report being held over will be easily comprehended through the fact that the general profession will have a stronger voice than at present.

The committee to suggest a remedy for the evil so-called will be called upon to exercise a great deal of thought, founded on the experience of many. They will have to be very canny, so as to keep in touch with both the profession and the general public. Some years ago a commission headed by the late Dr. Fulton went through a lot of evidence, and then found it impossible to do anything. One of the great troubles is both the legislative and the people's fear of close corporations, the reception of the Pharmacy Bill being quite strong enough to see which way the wind blows.

As medical men we are strongly against lodge work, and would like very much to see it either done away with or remedied in some way which would make conditions more favorable to ourselves than they are at the present time; but as rational human beings we see no remedy now with present temper of the people. Still we sincerely hope that our executive body will see their way through it.

The by-law for the coming elections and the appointment of returning officers will be a necessary item ; also, the report of the Discipline Committee dealing with the cases of Drs. McCullough, McBrien and Wilson. The precedent of the action in the case of Dr. McCully may be followed out, as the result has been excellent.

The renewal of the contract with the ONTARIO MEDICAL JOURNAL will be a topic of some interest, and without boasting we certainly think we have carried out our part to the full letter of the law. When we say we have supplied a good medical paper, giving free room to all the medical profession in reasonable bounds for the airing of their opinions, we are not giving our own thoughts but the result of the general expression of our readers.

Some men, rather finicky, or in fits of spleen, have objected to the style of advertising. If we needed any defence we could easily give a very good one. Without entering into the matter we might say that the *British Medical Journal*, which is considered the criterion in ethics, gives exactly the same class as we ourselves do in our advertising pages. As a matter of fact we have been just a little too particular for our own good in that line, as many times we have refused ads. which would pay well, but the matter did not please us.

The general work will be on the same lines as heretofore, and we look to find able expositions, of the different courses adopted.

#### PREVENTION OF CONSUMPTION.

The generous offer of Mr. W. J. Gage, the publisher, of Toronto, wherein he donated \$25,000 towards the founding of a hospital for consumptives, in High Park, the only stipulation being that the city grant a site and erect a building to cost not less than \$50,000, cannot be too highly commended. It is an offer that the city should immediately accept, the infectiousness of phthisis being so firmly established.

The diffusion of tuberculous dust is proven to be the principal means by which the disease is carried from man to man, and the necessity for isolation of advanced cases, and the education of the people of the necessity for the conscientious and persistent use of disinfected spitting cups, and of

various easily burned substitutes for handkerchiefs, are facts that should convince the city council of the urgent necessity for such an hospital. We cannot too strongly emphasize the prominence of the bacillus and the importance of dealing with the sputa and preventing diffusion of tuberculous dust. It is right to isolate, so far as possible, the hopeless consumptive, and to enforce such measures of cleanliness as should prevent those going about from infecting their neighbors.

Consumption is a disease of degenerate tissue in a degenerate race, the degeneration being entirely due to the entrance of a micro-organism with which the germicidal action of the blood is unable to cope. So that with proper isolation, improved sanitation, and thorough disinfection, the next century will recognize phthisis as a disease of the past.

#### SCIENCE OF BACTERIOLOGY.

Since the discovery by Koch, in 1882, of the bacillus tuberculosis, the study of bacteriology has rapidly become one of the most important, not only in the scientific, but also in the medical world. It has come to be looked upon as playing a most prominent part, both in the production of disease and in putrefaction, and in the everyday processes of fermentation and some chemical changes which hitherto were supposed to depend on very different causes. In consequence of this, study has been raised to the dignity of a science, and its ramifications have become so numerous and widespread, that many of the other ologies and even some of the arts have been freely brought into the service of one or the other of its branches.

The study of bacteria remained for many years in the hands of botanists, with the occasional intervention of scientific medical men, who made guesses at the casual relationship between certain bacteria and some infectious diseases.

In the last ten years, however, owing to the vast improvements that have been made in the methods of cultivations, and especially in the method of obtaining pure cultures, most valuable information, as to the functions and biological chemistry of these minute specks of vegetable protoplasm, has been rapidly accumulated.



The various nations of Europe have been so impressed with these facts that they have established state laboratories for the study and practical application of this important subject, and we regret that Canada is so far behind the smaller states in Europe, that she entirely ignores the importance of such a step. Had such an institution as exists in various parts of Great Britain been in existence, and men at its head possessing the confidence of the British Government, the embargo would never have been placed on Canadian cattle, and tuberculosis, as it existed in the Ontario Model Farm, would have been speedily eradicated.

---

### EDITORIAL NOTES.

Now that small-pox is so prevalent in Chicago, it is incumbent upon the Health Boards all over this province to exercise the closest care and watchfulness to prevent the appearance of it in this province.

---

At no time since the Medical Council was established was there so much interest taken in Council affairs as at present. This argues well for the new Council, and without doubt will be in the interest of the profession at large.

---

There was no attempt made during the past session of the Local Legislature to interfere with the Medical Act. It is unwise either for the Council or the medical profession to appear too frequently before the House asking for amendments to the Act.

---

The returns of the Spring Examinations of the College of Physicians and Surgeons will be published on May 31st. The students have done much better this year than in former ones. The stringency of the Council Examinations have stimulated the schools to better work, and the result is a superior graduating class.

---

Two decades ago bacteriology was unknown, its field a fallow waste, its results unprophesied. To-day all over the world bacteriological laboratories exist in which thousands of ardent workers are holding out to the world the bow of promise and the hope of future science.

The American Government have at last recognized the fact that it is necessary to establish a National Bureau of Public Health, and the bill at present before both legislative branches at Washington is one which if it becomes law will be of inestimable value to their nation.

---

During the past month the detective of the Council has been busy at work, with the result of many prosecutions. At the present time there is no Province in Canada or State in the American Union so free from quacks as this province, and we sometimes fear the profession at large does not appreciate the large outlay necessary in connection with this department, and the good work that is being done, more, perhaps, in the interest of the laity than the profession.

---

At the nineteenth annual meeting of the United States Hay Fever Association, Dr. S. S. Bishop, of Chicago, obtained the prize for the best essay on the subject of Hay Fever, proposing the theory of uric acid origin, with salicylate of soda for treatment. One year previous to the reading of this essay, Dr. Shawe Tyrrell, of Toronto, read a paper before the Ontario Medical Society, entitled "A Predisposing Cause of Hay Fever," which was afterwards published in the Canadian journals, setting forth the uric acid origin of the affection, and its treatment—a proper diet and soda salicylate.

---

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. McGUIGAN, Associate Editor for British Columbia.

---

### BRITISH COLUMBIA MEDICAL COUNCIL.

The annual meeting of the British Columbia Medical Council took place at Victoria, on Tuesday May 1st.

The following officers were elected for the current year: President, Dr. J. M. Lefevre, Vancouver: Vice-President, Dr. John A. Duncan, Victoria: Registrar, Dr. G. L. Milne, Victoria: Treasurer, Dr. J. M. Lefevre: Associate Editor of the ONTARIO MEDICAL JOURNAL, Dr. W. J. McGuigan, Vancouver.

Dr. Milne, the popular Registrar of the Council, entertained the members and a number of prominent gentlemen, practitioners, newspaper men, etc., at his palatial residence, "Pinehurst," on Wednesday evening, May 2nd. It was a great success, and will long be pleasantly remembered by those who participated in it.

## THEN AND NOW—A RIP VAN WINKLE EXPERIENCE.

*To the Associate Editor for British Columbia.*

SIR,—You ask me to give you some account of my visit to the scenes of my childhood and youth in 1892-93. I have not thought that there was anything specially interesting in that trip except to myself. However, it is the individual experiences and inferences drawn from them that mould the sentiments of mankind. Besides, I do not like to refuse one whose uniform kindly deportment towards me has placed me under obligations, though I think you will be sorry you gave me the invitation.

It is necessary to state the fact that I have been engaged in the practice of medicine and surgery, barring interruptions, for nearly thirty-five years. The interruptions, however, run up into the millions, as I was a medical "misfit" from the start.

I soon discovered that the amount of business depended much more on matters outside of the profession than inside. Amongst these stand prominently, ability to run some organization, personal adaptation, skill in the confidence trick, etc., etc. So, after three years' experience in a town in Canada West, I resolved to try my luck in the gold mines of British Columbia.

I could give you an account of many adventures on the way to and all over this coast since '62—I came with an overland party through the wilds of British America—but this would be out of place in a medical journal.

When I commenced the practice of medicine, I need not tell the old practitioner that blood-letting, salivation and violent purgation were included in the means thought necessary in the battle with disease. Persons in health were being bled in the spring as a prophylactic.

When practising in Honolulu a few years ago, I complained of the frequent drenching rains,

when I would be informed that I was on the dry side of the island, and so I learned that the treatment mentioned was on the wane. What must it have been when it was at its height, when Washington and Byron were slaughtered? But notwithstanding the quite vigorous sentiment in favor of this sort of practice, I did not adopt it, and my patients did not die, as they should have done had they been more considerate and respectful towards the medical fashion. I always have thought it was very mean of them.

Neighboring doctors refused to consult with me on common grounds, such as surgery, because of my heterodoxy. But there is always danger of being run over when one places himself in opposition to current sentiment which, to this day, is considered to be the same thing as truth. It has never been considered right not to walk on an old and beaten path, no matter how many have been proven to lead in the wrong direction. It was not easy to make headway against the old family doctors who had such a good knowledge of their patrons' constitutions. This had special reference to the amount of medicine they could take without fatal results. Great attention was given to finding the maximum dose. My attention was directed in the opposite direction, and I had the idea, bad boy that I was, that it was bad enough for the patient to be attacked by the disease without being attacked by one or more doctors also.

Since then this pulling-down treatment has been largely superseded by the pulling-up treatment, of which a man by the name of Chambers was the greatest exponent. And now it is all germicidal, and instead of patients, the doctors are killing microbes.

As your space is limited, I must condense what I have to say of my visit.

The experience of Rip Van Winkle was repeated. Thirty years transformed the child into the middle-aged woman, who could not recollect me, and the middle-aged into the full of years. Many dead; everything changed; I was a stranger.

During my stay in Toronto, my native place, I visited the city hospital, and saw various operations under the antiseptic plan. I will only venture one criticism. I thought and think that the patients were kept unnecessarily long under the anæsthetic. No attempt apparently was made to expedite matters.

I missed the old-fashioned tourniquet, and the old talk about sanious or "laudable" pus. It is not considered laudable, it seemed, to have pus at all.

I now hied me away to Cleveland, Ohio, where in the long ago I imbibed the heretical medical views which saved me from the beaten track. I found a large city instead of a small one. I could not find even the old college building. Nearly all the faculty were dead—only one remained to greet me. Instead of one heterodox college, with perhaps fifty students, there are two each, with about 125 students. None of these students are taught to use stimulants, or sedatives, or narcotics, etc. The old polypharmacy has long been shelved, but otherwise no difference could be seen from the ordinary.

A letter to Prof. Biggar, once an Ontario boy, opened the way for me. The Professor is an A.M. of Victoria University. One of these colleges became his *Alma Mater*. Formerly in the chair of general surgery, he is now in the field of gynæcology. I saw him perform cœlotomies unto a surfeit. The last I saw was his 360th or thereabouts. His mortality has been about one in fourteen. He is a *gentleman*.

I was looking for something new—I found it, or it found me. It was orificial surgery. There is a chair devoted to it. An enthusiastic doctor from Sandusky held forth for an hour or so in place of the regular incumbent. He dwelt on the anatomy of the lower outlets and their numerous reflexes (the upper orifices are deemed comparatively unimportant), first, however, reminding the young doctors of the great advantage of being able to cure cases in which all others had failed. The various surgical procedures were explained, not many of which, however, were new. The operations on the uterine os and cervix included the usual repair of lacerations, dilatation and the too-fashionable curetting, the latter being most safe when preceded and accompanied by dilatation and drainage. Incision of the male meatus, *a la* Otis, and prepuce is doomed if it goes behind the glans with anything of a snap, not to mention phimosis.

I heard the phrase "hooded clitoris" for the first time, and of phimosis in the same locality. The same treatment is applied as in the male, with results at least encouraging. The clitoris should

not be overlooked. But the greatest fountain of baneful reflexes is held to be the outlet of the bowel, and in addition to the usual treatments for fistulæ, the thorough dilatation of the sphincters alone, or followed by the "American operation," is the sovereign remedy for a large class of obscure and hitherto incurable diseases, or a big percentage of them, including insanity. This operation is similar to the Whitehead or English operation, but superior to it. This article is already too long to describe it now. It is done sometimes for merely constitutional effects.

The doctor so accurately described symptoms of which I had complained for many years, that I came near having the thing done for me then and there. I did have it done eventually, although I had no local trouble but an inveterate twenty-year-old pruritis. The pruritis is cured, and on my return home everybody pronounced me twenty years younger. It has been of immense benefit generally to me. Here, dilatation is the greatest of all remedies for chronic constipation, and, making some allowance for the claims of some of its advocates, I am satisfied that the operations referred to, barring indiscriminate womb curetting and circumcising, embody a very great advance in surgery. Dilatation should always be performed slowly with a bivalve speculum.

Before going home, I visited Prof. Pratt's sanitarium in Chicago, devoted exclusively to these matters. Everybody confirmed the good opinion I had formed of the treatment. Prof. Pratt, who was professor in one of the homœopathic colleges (five in Chicago, and 600 students) of Chicago, and Consulting Surgeon to Cook County Hospital, is the originator of the treatment. In addition to the "American," I saw him liberate a hooded clitoris, removing smegma, and for a case of retroversion of the uterus, cut down on the round ligaments, pull in or out the slack, cross them in front, and secure them until the wounds were carefully closed, then excise all outside. I remarked (I am of Hibernian descent) that in anteversion I supposed he would merely cut the ligaments, when the uterus would bound back to its place. I saw him perform the "American" also in a case where the mere removal of piles did not prove sufficient.

As I understand it, the thing needed to remove



all reflexes is the liberation of the filaments of the nerves bound firmly by more or less plastic exudations and undue contraction of the sphincters and other sphincter muscles. Dilatation of the sphincters is claimed to be the most potent resource in chloroform narcosis.

Another new thing to me was the attendance of the many lady students in the colleges I visited, at all the lectures and clinics, including the male venereal and the orificial—and why not?

And then the ophthalmoscope, the otoscope and the laryngoscope, and other things are all new since I went to sleep by turning my back on civilization thirty years ago. And surely there must have been an immense increase in the numbers of the worm-like appendage of the cæcum. New ones. "Hence hangs a tail." Does it become "hooded," or need circumcision, or curetting, or dilating, or the "American"?

After an absence of eight months, I hied me to my home by the Western Sea.

E. STEPHENSON, M.D., M.C.P.S. Ont.

---

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

---

### HIGHER MEDICAL EDUCATION MISCONSTRUED.

The *Arena*, a monthly magazine, published in Boston, in last February's issue contains an elaborate article on "The Menace of Medical Monopoly." The writer evidently thinks it is a *squelcher*, and, so far, he has displayed considerable ability in evading the real issue. Higher medical education does not give or aid a monopoly in any sense. The writer ignores the rights of the public and the state. The state has an undoubted right to exercise police powers, and to demand when one dies, proof that he is dead and the cause of death. The proof is invariably a medical certificate. Is it unreasonable on the part of the state to require that the author of that certificate should possess certain qualifications? We think not, and that it is right and proper that there should be one standard of medical education, and every man who desires to practise the medical profession should come up to the standard. It is not a class law, nor is there any comparison between the standard

and the "religious hierarchy" of the Dark Ages; neither is it despotic. Mr. Flower, in his article, starts from false premises—he argues that a man cannot take any medicine but what is ordered by an authorized doctor, and quotes the case of his wife where a layman ordered *raw oysters* and *capsicum*. The liberty of the citizen is not interfered with in what they eat or drink, and higher medical education does not restrict anyone from buying anything they know how to use. But the liberty to buy what you please and do what you please are two different things. The idea that anyone who prescribes *oysters* and *capsicum* should have the liberty of styling himself a doctor, and cry out despotism, if required! Before he can assume that title, he must possess a certain standard of qualifications. Nay more, in view of the prevalence of quackery, the state has the undoubted right to require state qualifications as the legal right to practise.

If everyone had the liberty to sell what food and drinks they pleased, great injury would result to the public health, hence the state restricts articles that are injurious or adulterated. The liberty of the subject comes in here equally as well.

As a matter of fact, higher medical education does not create a monopoly, but it requires a better article, and in view of Mr. Flower's own statement of his experience concerning the various differences or mistaken opinions in the diagnosis of his wife's case, it is the best proof, eminent and all as the men may have been, that there was some defect in their training and medical education; and had they weighed the case they would have discovered that it was one of the innumerable nervous manifestations which has been the opprobrium of the profession in all ages. She must have been one of that class, or *oysters* and *capsicum* and *Christian so-called scientists* would not have succeeded in curing her. Anything that makes a *dominant impression* may effect a cure in these cases, which a very ignorant person may practise and succeed with on another ignorant person.

Jugglery of any kind succeeds in some cases where downright straightforward honesty may fail to make an impression, but we would be sorry to take the stand in this enlightened age that free scope should be given to this sprout or offspring of the Dark Ages.

Notwithstanding the eloquence of the *Arena* article, sixteen of the most enlightened physicians of the United States have taken up the standard of state qualifications for all; New York and Pennsylvania are among the number, and now the law is that "in all cases a foreign physician is required to take an examination before one of the state boards before he can be legally licensed." The clause in the New York law permitting the endorsement of licenses from other state examining boards, applies solely to other states in that country, and is at present inoperative, as no state maintains in all respects the requirements fixed by the New York law.

If a doctor from Prince Edward Island were to move from here to the State of New York, although legally qualified in this province for twenty years, he must take an examination before he can be a legal practitioner there. New York has the undoubted right to take this stand, and we have the undoubted right to require also that all New York and all other physicians take an examination before our state boards before they can be legally licensed, and our standard in medical education is higher than that of New York.

Let no man therefore take up the false cry of monopoly in this matter. Improvement in the quality of the article cannot be called class legislation; and mighty as the article of the *Arena* appears, it hits away and beyond the mark, and misconstrues entirely the great object and aim of higher medical education.

---

### Original Communications.

---

#### MISTAKES IN PRACTICE.\*

BY DR. GEO. HODGE.

It is often said, and I believe truly, that we learn more from our mistakes than from our successes. This being so, I should now be fairly well learned, as I can look back upon the past and readily recall many, too many, of them. As experience, often dearly bought, on the part of the doctor and patient is our best guide amidst the pitfalls that surround us, I think it a profitable task to go over

the ground of our past experiences and gather up the lessons taught us by our failures and mistakes.

Mistakes may be divided into two classes, viz., avoidable and unavoidable. I wish to-night to speak of the former class only, and in doing so it will be necessary for me to use the personal pronoun "I" more frequently than I otherwise care to, as I draw almost exclusively from my own experience.

I believe that avoidable mistakes are for the most part due either to carelessness in the examination of the patient or to our approaching the case with a pre-conceived opinion as to what is the matter, and thus we shut our eyes to facts which would be patent enough if we brought an unprejudiced mind to the case.

During the early years of my practice, I was called to attend a young man suffering from pneumonia. He was very ill and at the end of the time when convalescence usually commences, the temperature, instead of becoming normal, kept up; the cough, instead of disappearing, continued and was dry and barking; the lung, instead of clearing, remained dull. These symptoms, with the physical signs that must have existed had I looked for them, were surely enough to make me suspect the true nature of the case; however, I looked upon it as a case of consolidation of the lung following pneumonia. An old practitioner was called from a neighboring town. In consultation he agreed with me that it was a case of consolidated lung and attributed the cough to an elongated uvula which he promptly removed. without, however, affording any relief to the cough. I never even suspected what was the matter with this patient till he fell into the hands of another practitioner, who was fortunate enough to diagnose the case as one of *empyema*. An operation was suggested and readily agreed to by his friends, with the result that the patient immediately after the operation began to improve and soon regained his former state of health. At the time I felt very much crestfallen on account of this error, but I have since then learned that there is no more common source of error than the subtle development of *empyema* after an acute illness. I have more than once had a sort of satisfaction in finding that others make this same mistake, and I cannot but think that two of this society who

---

\* Paper read before the London Medical Society, April 9, 1894.

have for years been in the enjoyment of large practices, and who at one of the meetings of this society, when the subject of Empyema was up for discussion, stated that they had never had a case of empyema in their practices, must have probably more than once made this same mistake.

A few years after the case above related, I was asked by a doctor in a town in which I then lived to look after his patients during his absence from town for a few weeks. Among other patients was a child aged two years, who had had an attack of measles. The child did not convalesce well, but continued feverish, had a dry hacking cough, and became very much emaciated. The friends were told that the child had phthisis, and that he would not recover. When I first called to see the child I asked the mother to strip him. To see the child stripped was almost to make a diagnosis. One side of the chest was bulged and immovable. Physical examination revealed dulness, absence of respiratory murmur, etc. I aspirated the child's chest for a few times at intervals of about a week, drawing off considerable quantities of pus at each operation, and when the doctor returned, to his astonishment and chagrin he found his patient almost completely well.

I have within the last two years seen two cases in consultation; both had suffered from pneumonia, and instead of convalescing as these cases usually do, they remained feverish, were breathless, especially on exertion; had dry, hacking cough, and on examination had all the physical signs of pleural effusion. In both cases the real condition was unsuspected till suggested by myself. Both were cases of empyema; both rapidly recovered after operation.

Some few years ago a young man came to my office complaining of pain in the epigastrium and loss of appetite. Without an examination I took it for granted that he was suffering from dyspepsia, and prescribed accordingly. In about a week he returned, saying he was no better, but weaker. I never questioned the diagnosis made at the first visit, but I thought I had prescribed the wrong remedy; consequently I changed the prescription. A few days later his father came to see me, and said, "David is no better; he is steadily growing worse; unless you can do something for him, I fear he will not recover." I visited the young

man at his home, found him up and dressed, but so breathless that he could scarcely walk across the floor. As I looked at him, it flashed across my mind there was something wrong with his chest, and I then did what I should have done when he first visited me—stripped him. A few minutes' examination readily convinced me that one side of his chest was full of fluid. I returned next day and drew off eighty ounces of serum with the aspirator. If I had kept the motto, "Strip him," before my mind, I could not have fallen into this error. No longer than last week I would have made precisely the same mistake had I not remembered the motto, "Strip him."

I commenced the practice of my profession in a malarial district; nearly everyone suffered from ague. I was myself no exception to the rule. A young man on one occasion visited me, and complained of suffering from recurring chills and fever. I at once jumped to the conclusion that he had ague, and prescribed quinine. He returned a few times, reporting himself on each occasion no better. Notwithstanding this, I continued the quinine. Deriving no benefit from my treatment, he consulted a doctor in a neighboring town. I met his sister one day, and enquired as to the condition of her brother, remarking at the same time that I had not seen him lately. "Oh," said she, "you did him no good and he went to see Dr. K., who tells him that he is far gone in consumption." I felt humiliated, but tried to make myself believe that Dr. K. either was mistaken or trying to make a "mountain out of a mole hill." However, as the young man died shortly afterwards, I was forced to believe the mistake was mine, not Dr. K.'s. Had I remembered the motto, "Strip him," and acted upon it, I might have saved myself this error. For a long time I thought that no person but myself ever made such a dreadful error. However, I find that Dr. Osler in his "Practice of Medicine," says: "In Philadelphia it was very common to have patients sent to the hospital supposed to be suffering from malaria, who had well-developed signs of phthisis.

Failure to examine the urine often leads to errors both in diagnosis and treatment. To illustrate: A couple of years ago I was called to see a gentleman who gave me the following history: He had been ill for several months, during which



time he had been under the care of Dr. — (now deceased). He complained of nausea, pains in various parts, particularly in occipital region of the head, weakness, etc. Notwithstanding treatment, his symptoms continued unabated. One day as he was in a neighboring town, he happened to meet a doctor with whom he was well acquainted. The doctor friend remarked that he (the patient) was not looking well, put his finger on his pulse, and at once asked him if his doctor had examined his urine. He said, "No." Said he, "When you return home, ask him to examine your urine." He did so, and to the astonishment of both doctor and patient, the urine was found to contain a considerable quantity of albumen, casts granular, hyaline, etc. From a case such as this we may learn to have the motto, "Examine the Urine," ever present to our minds. May we not also learn the importance of the pulse as a factor in the diagnosis?

Another common source of error is pain in the lower extremities, due to pressure in or about the pelvis. The pain is described as neuralgic, while its true source is unsuspected. A couple of examples of this occur to me. A doctor who enjoyed a large and lucrative practice, and very deservedly so, diagnosed a case of disease of the sacro-iliac synchondrosis as sciatica, because the pain was referred to the course of the sciatic nerve. How a gentleman of his varied experience and shrewdness could have made this mistake in the face of other symptoms that were present, is to me a mystery. He saw the patient several times, and never even suspected the true nature of the case till a short time before death.

A few years ago I was asked to see a case in consultation. The patient was a woman who had been confined some weeks previously. For some time she suffered excruciating pain in one leg. Her medical attendant had diagnosed sciatica. When I saw her, she had a high temperature and other marked constitutional symptoms. The leg was flexed on the thigh, and the thigh on the abdomen. Movement of any kind caused severe pain. This was a case of pelvic cellulitis, which ultimately proved fatal.

In both of these cases the mistake was quite unjustifiable, and cannot be accounted for, except by the grossest carelessness on the part of the medical attendants, as in professional attainments

and experience they were much above the average practitioner. The lesson to be learned from these two cases is the importance of determining in every case of pain in the course of the sciatic nerve, whether or not it is primary or secondary to some affection of the pelvis or the cord itself. Still another source of error of diagnosis is to be found in the detection of infectious diseases.

No doubt there are a certain number of doubtful cases about which the most careful practitioner cannot be confident. Errors of diagnosis do not, however, always occur in difficult cases.

During my attendance at the hospital last winter a great many cases were sent in certified as diphtheria, and were accordingly sent to the infectious ward. Quite a proportion of these cases were suffering only from follicular tonsillitis, and should never have been sent to an infectious ward. Occasionally a much more serious error is made, viz., treating a mild case of diphtheria as one of follicular tonsillitis; consequently the patient is not isolated, and other members of the family frequently contract the disease, which in them might assume a much more malignant type than in the one first attacked.

Let us learn the lesson that where there is the least room for doubt in any infectious disease, we should always isolate the patient till such time as doubt no longer exists.

Another common and dangerous mistake is to call epidermic rose rash scarlet fever. Children are thus supposed to have had scarlatina; subsequently all necessary precautions are not taken to prevent the recurrence of this disease. I have frequently heard of children having had second attacks of scarlatina, but I have never yet in my own practice seen a case of true scarlatina which has been followed by a second attack.

In a short paper such as this I cannot hope to do more than mention a very few mistakes. Did time and opportunity allow, I might prolong this subject almost indefinitely, but I do not wish to be tedious, and therefore must close; but before doing so I would like to call your attention to a couple of errors that are probably not so common.

The diagnosis, "worm fever," is frequently made by old women, but I can scarcely think it is ever now made by practitioners. I can well remember having made this diagnosis more than once, not that it really satisfied me, but because I was ignor-

ant of the real nature of the cases, which I am now convinced were nothing else than tubercular meningitis.

Another favorite diagnosis in my younger days was "bilious fever." Looking back upon the past I can recall cases of what I now believe were pneumonia, without distinct symptoms and signs, that were called bilious fever.

About six years ago I was called to see a young woman who had the day before been at a neighbor's house helping with pig-killing. She ate heartily of the fresh pork, and was soon after seized with vomiting. She felt so ill that she had to be driven to her own home. When I saw her the following morning she was vomiting occasionally, and complained of pain in the head. Prior to this she had been in the enjoyment of excellent health. I diagnosed her case as a bilious attack brought on by eating too freely of the fresh pork; gave her a purgative and something to settle her stomach. I visited her the next day and found her no better. I continued visiting her daily for the next three or four days without any suspicion that my diagnosis was not correct. The persistent vomiting and pain in the head, even without the presence of the other symptoms, which must have existed had I taken the trouble to look for them, should at least have made me suspicious of my diagnosis. About the fifth day symptoms arose which so obviously pointed to meningitis that I could not longer close my eyes to the true nature of the case. Within twenty-four hours the patient was dead. An earlier diagnosis in this case would not have likely changed the result; it would, however, have saved my reputation with the friends.

The one great lesson that I would desire to impress from this brief review of past experience is greater care in the examination of our cases.

## THE PATHOLOGICAL AND CLINICAL FEATURES OF ATROPHIC RHINITIS.\*

BY MR. WYATT WINGRAVE, LONDON.

### INTRODUCTION TO DISCUSSION.

At a recent meeting of this Association it was my privilege to demonstrate some histological investigations concerning the disease commonly known as "atrophic rhinitis." Through the cour-

tesy of your Council I am now enabled to amplify that communication by dealing with its clinical and pathological aspects.

The selection of a disease with whose existence we are only too familiar, perhaps, demands some justification or apology. As I cannot justify its choice by presenting you with any brilliantly novel observations or discoveries, I can simply plead the importance of the subject, and express a hope that by your discussion more light may be thrown upon a disease regarding which at present our literature reveals an apparently hopeless tangle of conflicting views and contradictory interpretations.

It is not my intention to trouble you with an exhaustive chronological or critical review of all that has been written upon the disease, but to give you the results of a personal investigation into upwards of sixty cases, many of which, through the courtesy of my colleagues, I have been able to examine systematically and watch during the last year or two. Although sixty may seem a small number, they represent a careful selection, as I have rigidly excluded all those which appeared of a doubtful nature.

*Definition.*—Without prejudging the appropriateness of the name, atrophic rhinitis may be defined as a progressive and persistent form of dry rhinitis, characterized by a shrinking of the mucous membrane, which tends to invade contiguous chambers, and is accompanied by the formation of crusts with more or less fœtor of a special character.

*Nomenclature.*—Ozæna, dry catarrh, foetid coryza, cirrhotic rhinitis, and punaisic represent only a few of the names which are in use, and more or less indicate the nature of the disease and the ingenuity of the writer. Although they are all more or less defective and misleading, instead of busying ourselves in coining new names, we can, I think, more profitably devote our attention to a consideration of the pathological and clinical details, so that certain features may be selected as characteristics and constants of the disease. Until then, it may, perhaps, be more expedient to provisionally retain the term "atrophic rhinitis."

*Histological Features.*—The difficulty of obtaining material for microscopical examination is obvious, for few cases are found in the *post mortem* rooms of our special department. My histological examinations have, therefore, been confined to portions of tissue removed from living patients, by means

\* Read before British Laryngological Society.



of the snare, in a large proportion of the cases seen. I will briefly summarize and discuss the most prominent and constant features which were present.

They may be conveniently arranged under the following headings:

1. Transformation of the columnar ciliated and special olfactory cells into stratified squamous epithelium.
2. Disappearance of the hyaloid basement membrane.
3. The presence of special hyaloid bodies and pigment masses.
4. Changes in the glands.
5. Changes in the lymphoid tissue and blood-vessels.
6. Changes in the bones.

All these conditions were present in degrees proportional to the intensity of the disease in every well-marked case; I shall, therefore, consider them as the histological constants of atrophic rhinitis. Although transformation of the surface epithelium and many of the other changes may occur *separately* in various diseased states of the nasal mucous membrane, *collectively* their significance is of the utmost weight in identifying the specific nature of the process.

It has been observed by Bosworth\* that these epithelial cells may become active inflammatory corpuscles, but I have not found any evidence to justify such an assumption.

The disappearance of the hyaloid membrane is very constant and characteristic, for in other forms of rhinitis it generally remains intact.

Perhaps the most striking and interesting feature is the presence of hyaloid bodies, which increase in number with the duration and severity of the disease. They consist of small, refractive, rounded, homogeneous masses, imbedded for the most part in the interlobular tissues of the glands and in the adjacent lymphoid tissue, but are also seen amongst the surface stratified epithelium. In the early stages they exist as small spheroidal masses about one two-thousandth of an inch in diameter, gradually increasing in size to about one eight-hundredth of an inch. At a later stage a complete change can be demonstrated—they seem to break up into

minute refractile bodies, resembling spores embedded in a transparent matrix.

In some places they are apparently encapsuled, whilst in others they are free. I have never satisfied myself of their nucleation, for whilst they readily take up rubin and orange they resist hæmatoxyline and other nuclear stains. The granular stage is well demonstrated by means of osmic acid and gentian violet.

What is their nature? Until consulting Burnett's "System of Diseases of the Ear, Nose and Throat," I was unable to find any reference to their existence. Under atrophic rhinitis, Fraenkel\* describes homogeneous round and oval bodies, consisting of broken-down cells and nuclei, which he regards as the result of retrograde cell metamorphosis. These are doubtless similar to my hyaloid bodies, but I cannot agree with his interpretation, for they bear very little resemblance to broken-down cells, and I find no vestiges of nuclear particles. Stepanow† (Moscow) has described hyaloid bodies in polypi, rhinoscleroma, and adenoid growths, which he attributes to the action of bacilli, believing that their production is a process which presents too great a propagation of bacilli.

These bodies I have also seen, but they differ entirely from those of atrophic rhinitis, being concentrically laminated, staining differently, and are similar to the laminated corpuscles which occur pathologically in thyroid growths, and normally in thymus gland as Hassell's corpuscles.

Fat globules are also described by many writers, but these bodies are not fatty, since they do not give the characteristic reaction with osmic acid, and they are insoluble in ether. They are not composed of amyloid substance (lardacein), since they give negative results with methyl violet and similar stains. They are very suggestive (in their earlier stages) of myelin masses so often seen in preparations of nerve tissues after treatment with alcohol; but their presence in such large numbers, and subsequent granular changes, sufficiently negatives this interpretation. One feature is, however, very remarkable and suggestive, viz., their strong resemblance in staining reaction to the substance which

\*Burnett's "System of Diseases of the Ear, Throat and Nose," Vol. I., p. 675.

†*Journal of Laryngology*, Vol. V., p. 322.

\* "Diseases of the Nose and Throat," Vol. I., p. 166.



constitutes the hyaline basement membrane everywhere underlying the surface epithelium in the normal state, but which in this disease disappears.

With regard to their parasitic nature my investigations at present do not permit a decided expression of opinion, although several friends, whose biological experience is greater than mine, have expressed themselves in favor of that view.

Pigment masses are not constant in their appearance; they occur for the most part in irregularly-shaped clusters, sometimes enclosed in branched connective tissue cells, at others blocking the lumen of the capillaries, and distributed both superficially and deeply.

*Changes in the Glands.*—The gland changes vary in degree, from a simple cloudy swelling of the secretory cells, with blocking of the lumen, to a complete disorganization of the acini by ingrowth of small cell inflammatory tissue. The duct epithelium apparently resists these changes until very late, excepting in those instances in which the ducts were distended by plugs of laminated keratin masses. Most writers refer to these cell changes as being fatty in nature; whilst confirming this in a few instances, careful examination showed that mucoid and keratinoid degenerations occurred much more frequently. The plugging of the ducts bore a strong resemblance to the comedones of sebaceous glands.

*Changes in the Lymphoid Tissue and Vessels.*—In every specimen the lymphoid tissue gave distinct evidence of change. In early stages the corpuscles were numerically increased, whilst in later stages they diminished in numbers but increased in size with absorption of the reticulum—in fact, presenting the appearance of granulation tissue, such as occurs in lupus, and, like it, invading other structures and undergoing subsequent sclerosis.

The capillaries, which normally present long loops reaching to the hyaline membrane, became entirely obliterated. The cavernous spaces became less distended, and finally atrophied, due to diminished blood supply, induced by a general interstitial fibrosis, and in some cases a process of slow endarteritis obliterans in their afferent vessels. I could not observe any decided active changes in the arterial walls; they seemed to be undergoing a process of atrophic stenosis.

This vascular atrophy and perversion of gland function are greatly responsible for the altered secretions, but a most significant feature is the disappearance of the lymphoid tissue.

*Changes in the Bones.*—I have entirely failed to demonstrate any histological changes which might be considered specific. The walls of the bony cancelli in advanced cases were decidedly attenuated, even more so than what would be considered normal to the patient's age, and the osteoblasts were few and flattened. Osteoclastic absorption was well shown in early cases, but not excessively. When the disease occurs in early life it must obviously interfere with the proper growth of the turbinal bones; it is, therefore, not surprising to find them smaller than natural, but this diminution must not be attributed at any time to rarefying osteitis, nor must rarefying osteitis be considered necessary to atrophic rhinitis.

Too much stress has been laid upon the simple presence of osteoclasts as indicative of a particular morbid process. These periosteal and endosteal changes are simply part and parcel of a normal osteoporosis or cancellation, a process essential to the development of these and other bones. It is only when the osteoclastic changes become excessive that they justify a morbid attribute.

Many writers explain the bone atrophy as the result of pressure from the drying crusts, like a collodion film, whilst it has been suggested by Zaufal\* that it is the result of a congenital defect, and has an important causal relation to the disease in question.

Considering the nature of the changes occurring in the soft tissues, it would be surprising if the bones did not give indications of a diminished blood supply; but this atrophy presents the features of a passive rather than an active process, occasionally producing patches of bare bone.

*Relation to Lupus.*—Spencer Watson† has advanced the view that there is a very close analogy between atrophic rhinitis and lupus non exedens, and that they may both be due to a common bacillus. That they probably possess a few features in common may be correct, but the suggestion of a common origin in a particular bacillus requires

\* "Aerzte corresp. für Böhm," 1874, Nos. 23 and 24.

† "Diseases of the Nose," 1887, p. 85.

some substantiation ere it can be accepted, even admitting that lupus has a specific organism.

Atrophic rhinitis, like lupus, is undoubtedly a spreading disease—it may extend to all the accessory and adjacent cavities, it may even involve the larynx, but it has never crossed the muco-cutaneous boundary. It occurs, like lupus, chiefly in patients who are the subjects of a tuberculous or strumous taint, and it tends to persist, but not to kill. In its fundamental histological features—the presence of small cell tissue of a low type—it resembles lupus and tubercle, but it does not ulcerate spontaneously; its end is sclerosis.

Lupus has been described as an attenuated form of tuberculosis. Are we, then, to consider atrophic rhinitis an attenuated lupus? There is certainly a sufficient resemblance between these diseases, both histologically and clinically, to justify further investigation.

*Rhinoscleroma.*—Rhinoscleroma, albeit an extremely rare disease in this country, having some resemblance to atrophic rhinitis in its histology, demands a short notice. Its essential feature is the presence of slowly-growing, small cell tissue, containing, according to Cornill,\* small, highly refractive, hyaline bodies. It tends to spread in all directions, including skin, tongue and larynx, but does not ulcerate. In the hands of Frisch and Stepanow it has afforded positive results to cultivation and inoculation experiments.

*Incidental Pathological Changes.*—The most strikingly uniform incidental change observed was the disappearance of lymphoid structures. In fifty-six of sixty cases the faucial and pharyngeal tonsils had entirely disappeared, whilst in the remaining four they were very small. The lingual tonsils were equally diminutive, for in all well-marked cases the pharyngo-glossus was perfectly smooth. This shrinking and disappearance of lymphoid structures is, I venture to submit, a significant feature of the disease, and has something more than a mere coincidental relation to the intra-nasal changes.

In most cases the teeth were more or less decayed.

The thyroid gland could not be distinguished by palpation in twenty-eight cases, but in two instances it was distinctly enlarged and resilient.

Whilst conjunctival complications were not observed, non-suppurative middle-ear disease occurred in eight cases. (Wyss found ear trouble in forty-seven cases out of sixty.)

In ten instances bare bone was distinctly felt on probing the anterior ethmoidal cells.

Anaemia was well marked in twenty-seven cases.

*Etiology and Pathology.*—However interesting the local changes may be, the origin of atrophic rhinitis must not be considered solely upon evidence afforded by them; it is perhaps expedient, therefore, that I should first put before you the question, Is the disease *atrophic rhinitis ab initio*?

It would be tedious to quote all the different views which have been advanced in answer to this question, but so many writers of eminence have expressed themselves in such definite terms that, by way of illustration, I must draw your attention to one of the most recent articles.

In Burnett's "System," J. N. Mackenzie\* unhesitatingly answers this question by a negative. He considers that atrophic rhinitis "always appears as the sequel of a pre-existing catarrhal inflammation," and that the rapidity with which it sometimes passes from the hypertrophic to the atrophic form is, in all probability, proportional to the presence of some constitutional taint, such as syphilis.

Although we not infrequently may see a well-marked atrophic process at work in one nostril, coincidentally with distinct prominence of the turbinal in the other nostril, this does not necessarily imply that atrophic rhinitis is always preceded by true hypertrophic rhinitis. What we see in such a case is the early inflammatory thickening, which, here, as elsewhere, is so frequently the preliminary thickening of a sclerotic process. There is a wide histological difference between this enlargement and that of cavernous or erectile hypertrophy, which Mackenzie holds to be the constant and necessary antecedent to the atrophic changes. Most careful cross-examinations have only afforded me a preliminary history of nasal obstruction with profuse catarrh in three instances, and histologically I have entirely failed to trace the changes which Mackenzie describes as connecting degener-

\* *Progrès Médical*, 1883, p. 857.

\* Burnett's "System of Diseases of the Ear, Nose, and Throat," Vol. I., p. 672.

ative cavernous dilation with the specific atrophic changes, and I cannot believe that atrophic rhinitis is the result of a badly treated catarrh.

Of course there are other varieties of hypertrophic rhinitis, such as the mucoid, glandular, etc. But what is the usual termination of these conditions? The erectile form, if slight, usually subsides, but if severe and persistent, owing to actual atrophic mucoid degeneration of the muscular walls of the spaces, it develops into what I have described as turbinal varix,\* and is eventually removed under the varying disguise of polypus or angio-myxoma. Should it be chiefly mucoid its localized exaggeration becomes an ordinary mucoid polypus; if glandular, it becomes cystic. But I cannot understand how any ingenuity can trace any of these conditions, step by step, into the conditions which constitute atrophic rhinitis.

If this distension and subsequent sclerotic obliteration of the venous spaces is the *fons et origo* of the disease, how can the presence of atrophic rhinitis be accounted for in situations where no erectile tissue is even found? The disease is not confined to the turbinal bodies, but spreads to every adjacent structure excepting the skin.

Drake and others† have advanced the view that it arises as a chronic purulent inflammation of the accessory sinuses, whilst Gottstein holds that deficient development of the turbinal bodies is responsible, since it is followed by abnormal patency of the cavities.

Whilst admitting that a simply *dry* or pseudo-atrophic rhinitis may follow a catarrhal state, it must not be confused with this particular disease, and whether atrophic rhinitis is a specific disease *ab initio*, or is the result of a series of hypertrophic events, I leave for your discussion.

There can be but little doubt that constitutional influences are often important factors, although Bosworth denies any connection between this disease and tubercle or scrofula.‡

In thirty-seven cases I obtained a definite family history of phthisis; one was attributed to small-pox, one to erysipelas, five were associated with acquired and inherited syphilis, whilst a large

number gave a family history of suppurating glands in the neck, and personal history of persistent anæmia.

Alcoholism has been credited with a causal relation; this I cannot verify.

Whether there is or is not a special diathesis, apart from tubercle or struma, I will not venture to advance.

I will now proceed to a clinical analysis of my sixty cases.

#### 1. *Age of the patient when first seen.*

From ages 14 to 20 years.....	21
“ “ 20 “ 30 “ .....	23
“ “ 30 “ 40 “ .....	8
“ “ 40 “ 50 “ .....	5
“ “ 50 “ 60 “ .....	3

It will be seen that the majority of cases presented themselves between puberty and thirty, but these figures are, however, of much less importance than the following, which show, as far as I was able to gather with the most careful questioning, the *age at which the disease was first noticed*—i.e.

#### 2. *The date of commencement.*

From 1 to 5 years.....	2
“ 7 “ 9 “ .....	4
“ 12 “ 15 “ .....	28
“ 15 “ 30 “ .....	19
“ 30 “ 53 “ .....	7

These figures indicate the age of puberty as being most frequently either the real commencement of the disease, or at all events the period at which it was first appreciated by the patient or her friends. These figures practically correspond with Greville Macdonald's,\* who gives seventeen as the average age for the appearance of the disease.

3. *Sex of patient.*—There were forty-nine females and eleven males.

4. *Sexual functions.*—In females it was the exception to find them not suffering from leucorrhœa or amenorrhœa, and in every instance the nasal phenomena were intensified at the menstrual flow. In two cases the disease was actually dated with the menopause, whilst more than half the number associated the commencement of the trouble with the establishment of the catamenia.

5. *Family history and heredity.*—As previously

\**Journal of Laryngology.* Vol. VII., p. 177.

†Burnett's "System," Vol. I., p. 677.

‡"Diseases of the Nose and Throat," Vol. I., p. 168.

\*"Diseases of the Nose," p. 136. 1890.



mentioned, I obtained a definite history of consumption in thirty-seven cases, and of abscesses in the neck, eighteen. The evidence of a constitutional taint is therefore strong, although in eighteen cases I could get none at all.

Several cases bearing unmistakable local evidence of syphilis I excluded. In eight instances there was evidence of atrophic rhinitis in other members of the family, and three volunteered the information that their mothers suffered with the same complaint.

6. *Occupation.*—The employments were so varied that I need only remark that the greater number consisted of girls belonging to the hard-working classes, and were engaged in warehouses and shops under varying degrees of unhygienic surroundings; still several belonged to the well-to-do middle class.

7. *Fætor.*—With regard to fætor, whilst in fifty-eight cases it was more or less obvious to the observer, in about half that number it was appreciated by the patient. The intensity seemed to vary with the extent of the disease and the amount of crusts, but in those cases in which the accessory sinuses were involved it was always more persistent in spite of treatment. In those cases associated with bare bone I could not detect any difference in its nature. It was always worse during menstrual flow. With regard to its origin, I will ask your indulgence for a few remarks.

The mucous membrane of the nostrils is a transformed epidermal structure, derived originally from an involution of the buccal epiblast. Hence the surface epithelium (excepting the olfactory cells) and the glands originate in common with the epiderm and its appendages.

During atrophic rhinitis in the stratification of the surface epithelium we find a structural reversion to the primitive type, and in the gland epithelium we find the establishment of a perverted function—in other words, the nasal mucous membrane becomes converted into a cutaneous structure, with a corresponding change in secretion.

Cutaneous secretions vary in odor with their source and with the individual. Compare the characteristic smell of the feet with that of the axilla and the preputial glands. Even the ear is the seat of a similar fætor due to intra-tympanic

accumulation of epithelial masses and secretions (cholesteatomata).

The nasal glandular secretions are, with those of the cutaneous glands, equally liable to putrefactive decomposition; they all give rise to peculiar odors, and they are all exposed to the influence of the same micro-organisms. Bromidrosis and rhinal fætor have a close kinship, and it is in this kinship that I venture to suggest is to be found an explanation for the peculiar odor in atrophic rhinitis.

8. *Olfaction.*—Complete loss of smell occurred in only thirty cases; in the remainder the sense varied in degree with the extent of the disease and the locality invaded. Anosmia in most instances was gradual in its onset, but in not a few it was one of the first symptoms, parosmia often preceding it.

9. *Nature of the Crusts.*—Microscopical examination of the crusts afforded but little evidence of value. Staphylococci and an occasional diplococcus and leptothrix were the most prominent bacteria. One point, however, I was fully satisfied upon, viz., that the discharge was not pus, for pus cells were rarely present, the organized cells being epithelial squames and some multi-nucleated lymphocytes.

Bosworth persistently applied the term “mucopurulent to the crusts. This certainly requires justification, for the elements of pus are wanting, and there is no granulation surface for its production.

Chemically they contained mucin, keratin, a small proportion of serum, albumen and a trace of sulphur.

10. *Supra-Nasal Pain.*—From the frequency of the occurrence of pain over the bridge of the nose and at the “back of the eyes,” I am inclined to consider it an important diagnostic element—especially when observed late in the disease, and when the accessory sinuses were involved. It was present in thirty-eight cases.

11. *Disappearance of the Tonsils.*—As already mentioned, the faucial, pharyngeal, and lingual tonsils presented well-marked atrophy, a condition which (as far as I am aware) has not been recorded. This, I think, is an important point in diagnosis, and occurring with lymph atrophy in the nostrils

may throw some light on the pathology of the disease. In fifty-six cases the tonsils had entirely disappeared.

12. *Thyroid Gland*.—With the exception of two cases, as far as I could judge by palpation, the thyroid showed distinct indications of atrophy. In those two exceptions it was very prominent and soft.

13. *Complexion*.—Statistics with regard to complexion, involving so many sources of error, can have but little value. Numerically the dark skins were in excess of the fair.

14. *Typical Facies*.—I observed twenty cases in which that which is usually accepted as the typical cast of features was present, viz., the tiptilted and open nostrils, depressed and widened bridge, with general diminutiveness of the organ.

15. *Relation to Infantile Suppurative Rhinitis*.—Bearing in mind Bosworth's assertion\* that atrophic rhinitis is a sequel to post-nasal troubles in infancy, I carefully cross-examined every case, with the view of establishing the truth or the reverse of this view. I only found four examples in which there was a reliable history of a prolonged nasal discharge in early life. The difficulties in obtaining reliable information of this nature I know are great, consequently the evidence must be accepted with reserve; still, whenever it was practicable, I made direct inquiries of the parents themselves.

With the exception of one case of measles, and one of small-pox, I was much surprised to find no association with the specific fevers, neither could I find any evidence of association with suppurative ethmoid troubles.

*Diagnosis*.—The diagnosis from all other varieties of dry rhinitis will depend upon the presence of the foregoing conditions *collectively*. *Separately* they may be of little value, but it is upon a due consideration of *all* these changes that differentiation is based. Apart from the classical signs, I need only emphasize the *spreading* nature of the disease and the uniform disappearance of the tonsils.

This, gentlemen, is my case for atrophic rhinitis as a specific disease. I have endeavored, by an analysis of sixty cases, to verify or to disprove

many of the facts upon which specialist writers have based their views. With many of the facts I wish for a much closer acquaintance. Of novelty I may have afforded you little, either in substance or interpretation, therefore I trust that by your greater experience you will filter the good from the bad, and that the many deficiencies will be supplied by your discussion, thereby affording a sounder appreciation of not the least important of our nasal diseases.

Dr. WOAKES said he had listened with great interest and instruction to the excellent paper just read. There were some points which were brought out more clearly in it than had been apparent to him previously, possibly because he had not given so much attention to the microscopy of this particular phase of the disease as he had done to the hypertrophic form of it. On the subject of the particular name accorded to this disease by the writer of the paper, he would offer a mild criticism, which, inasmuch as he had been adjudged a sinner in the matter of nomenclature, he might, perhaps, be allowed to do. The term "rhinitis," as applied to any localized affection of the nose, he objected to, as if it meant anything at all it denoted an inflammation of the entire nasal organ, being derived from the Greek  $\rho\acute{\iota}\nu$  a nose. "Atrophic" rhinitis, therefore, means a wasting inflammation of the nose as a whole, a description which did not apply to the disease under discussion. It was clear, even from the paper just read, that the affection was a form of inflammation of the turbinal bones, more especially those of the ethmoid, the cells of which latter bone were, besides, almost invariably implicated in it. It was, therefore, an "ethmoiditis," and displayed all the changes in the arteries, blood sinuses, and bone seen in other forms of ethmoidal disease, as he had described them: only the myxomatous developments were lacking, the fibroid elements from which these were derived undergoing atrophy instead. From the point of view, therefore, of securing by means of its nomenclature a definite description of the disease, he thought the term "atrophic ethmoiditis" distinctly preferable. He would abjure the term "rhinitis" altogether, as conveying no idea of the particular locality of the nasal organ affected. While these were his views, he was prepared to admit they were all a good deal mixed on the

\* "Diseases of the Nose and Throat," Vol. I., p. 162.

subject of the nomenclature of nasal disease, and, before attempting definite conclusions, it might be well to wait awhile, and let their ideas simmer down.

As regards the origin of the affection, he was disposed to agree with the author quoted in the paper, who regarded it as the outcome of a pre-existing hypertrophic inflammation. He had noticed a fact which had a suggestive bearing on this question. He had occasionally been consulted respecting children on whom he had operated for post-nasal growths, several years after the operation, because they had again become affected in the nose. This was not due to a recurrence of the growths, but to a hypertrophic inflammation of the middle spongy bones, associated with stuffiness, and with profuse and slightly offensive discharge. He regarded this condition, occurring under the circumstances mentioned, as a later manifestation of the same diathetic state as had in infancy induced the growths.

Granted such a diathesis, it was not unreasonable that it should evoke later manifestations, as the child grew up. It was well known to them all that even adults neglected in themselves what they called a "chronic cold," and in their children this neglect was general. So that it might easily be that adults who presented themselves with well-developed atrophic disease had long since passed through a hypertrophic stage. He had certainly seen a number of cases, chiefly in young adults, who when first examined presented what clinically was indistinguishable from hypertrophic disease, and who, while under observation, passed into the atrophic phase. He had shown one such patient among those illustrating the presence of necrosis, which he had exhibited that afternoon. The history of this case showed that the disease commenced in childhood.

There remained the question as to what constituted the determining factor which should decide whether an inflammation of the ethmoid region of the nose should assume the hypertrophic or the atrophic phase?

When he published his first comments on the affection in 1887 (*vide* "Polypus, etc., associated with Ethmoiditis," p. 26, *et seq.*), he expressed the opinion that this determining element consisted in the possession on the part of the patient of an

enthetic heredity—*i.e.*, in the atrophic or ozæmoid cases. His subsequent experience tended to support this view, and one frequently saw in the teeth, eyes, and other regions confirmatory evidence to this effect. He thought the description of the pathology of the disease given by the author unique, and its scientific value proportionately great, because it would now be possible with the microscope to accurately differentiate this disease from any other.

He doubted, however, whether this research would prove of much service, either therapeutically or clinically. They could not always scrape off pieces of mucous membrane, and treat such specimens microscopically, as, besides the special knowledge necessary, such a proceeding required considerable preparation, and the devotion to it of much time. Fortunately, the very distinctive clinical features of the disease made its diagnosis easy, apart from pathology.

Finally, he wished to insist on the great importance of recognizing the necrosis, the presence of which, in his opinion, constituted the element of persistency of the disease. He had been able to do this in every case but one which had come under his observation. He was glad to note that the writer of the paper had recognized this necrosis in considerably more than a third of his cases. The fact that it was often concealed within the ethmoid cells added, no doubt, to the difficulty of discovering it, but the necessity for doing so, with a view to its elimination, was essential to the radical cure of all ozæmoid affections of the nose.

#### DISCUSSION.

Mr. LENNOX BROWNE, with all respect to Dr. Woakes, could not agree that his suggested alteration in nomenclature was an improvement; for the term rhinitis was generally supposed to be restricted to intra-nasal structures alone, and not to the nose as a whole, and seeing that rhinitis referred to an inflammation of other parts than the ethmoid bone, he could not allow that the term ethmoiditis was preferable. Mr. Mayo Collier had anticipated the speaker, in suggesting disorder of the sympathetic system as a primary etiological factor in the production of atrophic rhinitis, for as to diathesis the older writers spoke of struma and scrofula as constitutional factors; but, as had been



advanced by the speaker in several editions of his book, these terms merely represented an inability to form healthy blood corpuscles—in other words, a feeble vaso motor.

He had been struck by the original observation of Mr. Wingrave, the truth of which would be at once recognized—as to the disappearance of all tonsillar and glandular tissues in the disease under consideration. This, taken in connection with the circumstance that in a certain proportion of cases there was thyroid enlargement, materially strengthened the opinion that inherent vaso-motor debility was at the root of the disease. The experience of the writer of the paper, that there was a ponderable proportion of cases which occurred at the onset of menstruation, was not in accord with the speaker's, or at least the circumstance was misinterpreted; for, on the contrary, in the majority of the cases the menstrual epoch was inordinately delayed, and that might be the reason that the symptoms were most intense at the period of puberty, in other words, when the turbinals should be at full development. As time went on, the symptoms, especially that of foetor, were intensified. A far larger number of cases occurred in early childhood than Mr. Wingrave's tables showed, and the discrepancy was probably due to the fact that the patients came earlier under notice in private practice, whilst those now under consideration were all hospital cases.

With regard to the relation of atrophic to hypertrophic rhinitis, the speaker could not agree with the views of Dr. Woakes, that the former state often preceded the latter; and on this point, Bosworth, who held that atrophic never followed hypertrophic changes, was probably as much in error as Morell Mackenzie and Nolan Mackenzie, who, in agreement with Dr. Woakes, favored the opposite sequence.

It is quite true that there is a form of atrophic rhinitis which follows hypertrophic rhinitis, or may even co-exist with it, in an opposite nostril, but this is not the variety now under consideration. It is, however, absurd to speak either of hypertrophic rhinitis in children under the age of puberty, for until that period, in point of fact, the turbinal bodies have not arrived at mature growth, and the theory of Gottstein, that arrested development originated the pathological changes, is the most reasonable yet offered. The speaker was of

opinion that syphilis was only an exceptional factor in the causation of the disease.

Finally, Mr. Wingrave had alluded to the specific fevers as rare excitants of atrophic rhinitis. The speaker had seen one case in which, after an attack of typhoid fever, marked improvement resulted, an exceptional experience not without parallel in connection with disease in other regions of the body.

Mr. LODGE, jun., said he was personally indebted to the author for his very admirable paper, the anticipation of which was one of the principal reasons that had led him to come from Bradford. None of them could dispute the author's histological description, because the sections were there under the microscope for all to examine and control. The histological details might, he thought, be accepted as correct. For people in his own position, however, the great difficulty was as to treatment, and he would like to have an expression of opinion from the meeting as to the best method of treatment, especially as the author had omitted to deal with this important division of his subject at the length it deserved. He had had a case during the last six months, in which he had tried everything he knew of or that he had read about, but the patient did not get any better. He had tried touching the ozænic spots with trichloroacetic acid, galvano-cautery, Gottstein's plugs, and the usual antiseptic douches. No bare bone, such as Dr. Woakes described, was found in any of his cases. It was a typical case of atrophic rhinitis. He had tried curetting, because in the *Universal Medical Annual* of last year the disease was attributed to a microbial affection of the glandular elements. This certainly seemed to do more good than anything else. The author said that he had found no evidence of the pharyngeal tonsil remaining, but in another case of his own one could see the remains of the pharyngeal tonsil; it was on the posterior wall with granulation tissue upon it, and he removed it by curetting with Gottstein's curette, apparently to the great benefit of the atrophic rhinitis.

Mr. MARSH said there appeared to be four theories advanced: (1) A special diathesis, (2) micro-organisms, (3) vaso-motor changes, and (4) necrosis. He did not believe there was a special diathesis. He had seen in a family of children, brought up under precisely similar conditions, one

suffer and all the others escape. The rôle played by micro-organisms must be left undecided for the present. It was not at present as probable a theory as the one promulgated by Mr. Mayo Collier. He had never detected necrosis in typical cases of atrophic rhinitis.

## Annual Examinations.

### TORONTO UNIVERSITY.

The following fifty-six gentlemen having completed their course of study, and successfully passed the necessary examination, will receive the degree of M.B.:

T. Agnew, W. H. Alexander, W. A. Ball, J. Becket, W. L. Coulthard, G. M. Ferris, L. O. Fiset, E. B. Fisher, A. E. Gardner, E. D. Graham, G. B. Gray, W. A. Hackett, R. G. Laycock, K. C. McIlwraith, J. W. McIntosh, H. MacLaren, J. Park, G. D. Porter, H. H. Sinclair, F. W. Smith, J. Stenhouse, W. Stephen, F. W. Stockton, T. Wickett, H. L. Reazin, D. J. Armour, W. B. Boyd, J. Bull, B. Campbell, F. Coleman, W. E. Crain, J. Crawford, J. D. Curtis, H. A. Cuthbertson, J. W. Ford, A. Galloway, A. B. Greenwood, H. Guelph, N. M. Harris, R. H. Hastings, T. C. Hodgson, H. A. Johnston, A. H. Jones, J. A. Lawson, R. M. Lipsey, D. A. McClenahan, W. J. McCollum, J. F. McKee, J. R. Mencke, H. N. Rutledge, J. P. Sinclair, C. E. Smyth, N. C. Wallace, R. B. Wells, J. A. White, T. H. Whitelaw.

*Medals.*—Faculty gold medal, W. J. McCollum; first faculty silver medal, H. N. Rutledge; second faculty silver medal, W. E. Crain; third faculty silver medal, H. A. Johnston.

*Scholarships.*—Third year—First and second scholarships divided between M. Currie and A. K. Merritt; second year—first and second scholarships divided between W. Goldie and E. L. Roberts; first year—first scholarship, J. H. Elliott; second scholarship, A. H. Addy.

George Brown memorial scholarship in medical science—in order of merit—W. E. Crain, C. E. Smyth, J. D. Curtis, R. B. Wells, W. J. McCollum, J. Bull.

Of the third year, 38 passed, 1 starred. Primary, 2 passed, 5 failed. Second year, 54 passed, 4 starred, 11 failed. First, 54 passed, 9 starred, 6 failed.

## Meetings of Medical Societies.

### CANADIAN MEDICAL ASSOCIATION.

The dates for the meeting of the Canadian Medical Association have been fixed for August 22nd and 23rd next.

The people of the Maritime Provinces, generally, and the profession of St. John, N.B., particularly, are noted the world over for their hospitality; hence, the members of the Association are looking forward with a great deal of pleasure to the meeting in St. John this summer.

At first sight people in this province might think the trip will be an expensive one, but we have made enquiry and have been informed that, taking Toronto as a starting point, the round trip can be made for less than thirty dollars. Of course if a large number signify their intention of going to the meeting, it might be possible to get the fare materially reduced.

We are sure the Secretary, Dr. Starr, of Toronto, will be glad to learn of any who contemplate the Eastern trip this year, for it will materially assist him in making arrangements with the railways.

### LONDON MEDICAL SOCIETY.

*To the President and Members of the Ontario Medical Council.*

GENTLEMEN,—The London Medical Society hereby appeals to the Medical Council to devise, if possible, some means of abolishing or restricting the system of contract or lodge practice.

This society, in common with the profession in general, recognizes the necessity of some steps being taken to check this evil. The Medical Council has rendered valuable service in protecting the profession and the public from *unlicensed* practitioners. There has, however, grown up within the ranks of licentiates themselves this pernicious system which is making greater inroads upon the field of regular practice than all forms of quackery combined, and this society but voices the current sentiment of the profession in condemning the system, and appeals to the Council as the guardians of the profession to adopt some means of abolishing or minimizing the evil.

The Society begs to offer the following suggestions:

1. Appeal for legislative authority to prohibit

contract practice. With the prevailing contract rates at \$1.00 and \$1.50 per member, this prohibition might be shown to be in the interest of the public as well as the profession, inasmuch as indifferent service is a natural result of inadequate remuneration ; or

2. Apply for legislative power to fix a minimum tariff of contract rates. A Toronto medical journal, in December, 1893, claims, on the authority of a distinguished actuary, that the proper remuneration for contract practice in Canada is \$4.00 a year per member ; or

3. Apply to the Legislature for power to frame and enforce a code of medical ethics, with a view to control the evil ; or

4. Address an appeal to every registered practitioner to discountenance the system. The influence of such an appeal coming from the representative body of the profession would tend to bring the practice into disrepute.

Signed on behalf of the London Medical Society.

J. H. GARDINER, M.D., *President*.

OCTAVIUS WELD, M.B., *Secretary*.

London, April 6th, 1894.

#### TORONTO ALUMNI DINNER.

The Annual Meeting and Dinner of the Medical Alumni of Toronto University will be held on the evening of Convocation Day, June 10th, at the Royal Canadian Yacht Club. The meeting proper will be at 7.00 p.m., and the dinner at 7.30. The price of the tickets has not yet been settled, but it will not be more than \$1.25.

#### ONTARIO MEDICAL ASSOCIATION.

Programme of the 14th Annual Meeting, to be held in Toronto, June 6th and 7th :

THE PRESIDENT'S ADDRESS—

L. McFarlane, Toronto.

#### DISCUSSIONS.

"Some Remarks in the Treatment of Chronic Diseases," J. E. Graham, Toronto ; R. W. B. Smith, Seaforth ; R. H. Preston, M.P.P., Newboro'. "Treatment of Strangulated Hernia," J. Wishart, London ; F. W. Strange, Toronto ; R. Whiteman, Shakespeare ; G. S. Rennie, Hamilton. "Use of Strychnine in Ordinary Practice, with

Special Reference to Pneumonia and Chronic Heart Disease," J. H. Duncan, Chatham ; J. T. Fotheringham, Toronto ; A. C. Gaviller, Grand Valley. "Placenta Prævia," J. Algernon Temple, Toronto ; A. McKay, M.P.P., Ingersoll ; J. H. Burns, Toronto ; G. T. McKeough, Chatham.

#### SYMPOSIUM.

"Influenza: Its General Features," L. M. Sweetnam, Toronto ; "Its Nervous Phenomena," S. Lett, Guelph ; "Its Thoracic Phenomena," C. Sheard, Toronto ; "Its Digestive Phenomena," J. S. Harrison, Selkirk.

#### PAPERS BY GUESTS.

"Cancer of the Breast in its Clinical Aspect," J. Hingston, Montreal.

#### PAPERS BY MEMBERS.

"Atrophic Rhinitis," J. Price-Brown, Toronto ; "The Contagiousness of Diphtheria," J. R. Hamilton, Port Dover ; "The Artificial Feeding and Care of Infants," J. W. McCullough, Alliston ; "Placenta Prævia," J. Campbell, Seaforth ; "McGill's Operation for Prostatic Enlargement" (with cases), A. McKinnon, Guelph ; "The Photography of Pathological Specimens," N. A. Powell, Toronto ; "Treatment of Consumption," E. Herbert Adams, Toronto ; "Law *vs.* Theory in Therapeutics," G. M. Aylesworth, Collingwood ; "Inflammation of the Frontal Sinus," F. N. G. Starr, Toronto ; "Cholecystotomy," R. Whiteman, Shakespeare ; "Cephalæmatoma," E. Bromley, Bright ; "Hip-joint Disease: Diagnosis and Treatment," W. W. Bremner, Toronto ; "The International Congress of 1894," E. E. Kitchen, St. George ; "Uncured Gonorrhœa: Causes and Sequences," E. E. King, Toronto ; "Placenta Prævia, with Hydatids," A. Bethune, Seaforth ; "Paralysis Agitans," E. H. Stafford, Toronto ; "Treatment of Morphia Poisoning by Permanganate of Potash" (report of experiments), Graham Chambers, Toronto ; "Headache," D. Clarke, Toronto ; "Report of Cases of Abdominal Section" (with remarks on same), H. Meek, London.

Papers are also promised by : G. W. Fox, New York ; A. B. Welford, Woodstock ; J. M. Cotton, Lambton Mills ; R. King, Peterboro' ; G. A. Bingham, Toronto ; L. Brock, Guelph ; W. J. Gibson and J. E. Eakins, Belleville.



## Correspondence.

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

### COUNCIL ELECTIONS.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—The report of a recent meeting of the medical profession of the Burlington and Home Electoral Division, which appeared in your last issue, has left the impression in some quarters that I am not a candidate at the ensuing Medical Council elections.

What I said, in effect, was that my time, being fully occupied with my professional duties, I had not intended to be a candidate, but after learning that steps had already been taken to bring out a representative in Hamilton, my friends here and throughout the Division expressed a strong desire that I should again be a candidate, and that it was in response to that request I was in the field.

While the report contains other matter suitable for criticism, I desire simply to correct the impression which the report has conveyed, and to state definitely that I am a candidate for the representation of the Burlington and Home Electoral Division at the ensuing elections.

Yours truly,

GEO. M. SHAW.

Hamilton, April 24th, 1894.

### SHOULD THESE THINGS BE?

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—With this caption you call attention to the habit of newspapers in describing, to the great glory of the operator, some skilful (?) operation, and to the "album" of celebrities with pictures of medical men, as well as to the custom of even city papers in publishing cuts of local doctors. Certainly these things should not be. A physician should quietly settle down with a neat, modest door-plate. He should wait until he starves, or till the Spirit moves patients to come; on no account should he ever refer to his success or permit his friends to do so. Even a card in the local paper is an abomination. The chief reason why these things should not be, is that it infringes

upon the rights of these demigods who, covered with glory, lead in the profession. Their reputations were God-given, and not obtained by the bragging of their friends in public and in private. Above all, "these things" infringe upon the rights of the professors in medical colleges. It is part of their duty to scatter announcements with addresses, specialties, etc., by the ten thousands, not only in their own city, but all over the country. It is no doubt for this that we elect them to positions of honor among us. To be sure, they get out of it money, first, from patients thus directed to them; second, from students' fees, and, third, from consultations from their young graduates. No, Mr. Editor, nothing should be that competes with this divine right of medical schools. To be sure, these "ads" of theirs spoil many a good farmer and good mechanic, making poor physicians out of them, and so many! No; let us honor these college dons, and scorn the rascals whose names get in the country newspapers.

Respectfully,

G. R. CRICKSHANK.

Windsor, May 3rd, 1894.

### TREATMENT OF DIPHTHERIA.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—One can scarcely take up a monthly medical publication but he will find something on the treatment of diphtheria, and in offering you my contribution to the literature on the subject, I do so very reluctantly. Yet, as the method I have persistently pursued during the last ten years in treating this disease has given me nothing but good results, perhaps it is my duty to the profession to offer it for their consideration.

When called upon to treat this disease, I prescribe for a patient between four and ten years the following mixture:

R Pot. chloratis .....	ʒi.
Tinct. ferri mur. ....	ʒi.
Liq. atropiæ B.P. ....	℥ ii-iv.
Glycerin .....	ʒiv.
Aquam ad .....	ʒiv.

℥ Sig. ʒi. every hour. each dose to be preceded by a copious draught of water: no water to be given for fifteen minutes after taking the medicine.

Milk, having a tendency to adhere to the fauces and pharynx, and in some way causing the membrane to spread, is absolutely forbidden till the throat is clean. After thirty-six or forty-eight hours, if the swelling of the tonsils and glands of the neck is subsiding, the atropia may be discontinued, or given in smaller doses, and the iron increased. But the atropia should not be discontinued too soon. Children can take it in the doses given for four or five days without any other effect than dilatation of pupil and slight dryness in the throat.

I use no spray or application to the throat.

If the nose becomes involved, I syringe it twice daily with perchloride solution, 1-2000 or salt and water. But if the patient will not permit this to be done quietly, it should not be done violently. In lieu of the syringing, the nurse may apply the solution to the nasal cavities on absorbent cotton frequently.

The diet should consist of beef tea, chicken broth, whiskey, water and fruit, especially pineapple. If the patient asks for a crust of bread, let it be given him.

To summarize :

1. Give the patient plenty of good water every hour or oftener, just before giving the medicine.
2. Give the patient no milk till the throat is clean.
3. Do not exhaust the patient by trying to spray or make applications to throat and nose.
4. Support the patient with alcohol, if necessary, from the very beginning of the treatment.

Yours truly,

J. BAUGH, M.D.

Hamilton, April 24th, 1894.

## WHAT ARE MEDICAL ETHICS?

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—Much has been written recently in medical journals as to the demoralizing effect on the integrity of the medical profession by doing "lodge practice," "making it convenient to have all operations done by a surgeon reported in all the local papers (unknown to the surgeon?)," "the appearance of the photograph of the *leading physician* of the place with a subjoined 'ad' in

the 'Rogues' Gallery' of the Dominion," etc. No doubt all these cases are breaches of the rules of medical ethics. Much of the writing on this subject has been in a general way. I deem it more practical to get at individual cases.

About a year ago I determined to take a trip to England with the sole object of visiting the hospitals of London. I expected to be absent about five or six months, and as I lived in a small country village where two doctors had appeared to be a necessity, for the convenience of the community, I desired to get a *locum tenens* during my absence. As that was the time of the year at which the medical colleges had set free their new-fledged graduates, I wrote the dean of one of those colleges to see if he could recommend a suitable man for the summer. I received correspondence from a number whom the dean had referred to me. I engaged one of them for the term of my absence. It was suggested to me to stipulate that he should discontinue practice on my return. I replied that if there was one single man in the profession so dishonorable as to stoop to that, I would not bind him, but would give him an opportunity of showing his inner nature. Well, true enough, that one man amongst the 2,500 medical men of Ontario was the one I had the lot to engage, for on my return he opened an office almost within a stone's throw of my door, and had the temerity to tell me that he did not think that he was straining the relations existing between us, or acting unprofessionally in so doing. It may be that I am over-sensitive in the matter because personally affected, but I hope this will elicit an expression of opinion from some of the members of the Discipline Committee of the Medical Council or from you, Mr. Editor, as editor of the official organ of the profession of Ontario, and if my opinions are too far-fetched, I am willing to submit to your ruling. If I have not been used unprofessionally, then to my mind medical ethics are a misnomer, and the practising of those means mentioned at the beginning of this article sinks into insignificance in comparison. Is this a sample of the manhood of recent graduates? I verily believe we cannot take this case as a criterion.

I am,

W. NEWELL.

Wyoming, Ont., May 8th, 1894.

## DISTRICT ASSOCIATIONS.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—In response to an invitation issued by Drs. Ruttan and Day, a number of medical men of the Fourteenth Electoral Division met on Thursday evening, March 29th, at the Huffman House, Belleville, for the purpose of organizing a District Medical Association and adopting a tariff of fees. The following officers were appointed: President, Dr. A. Ruttan, Napanee; Vice-President, Dr. McKenzie, Trenton; Secretary-Treasurer, Dr. Bowerman, Picton. Executive Committee: Drs. Eakins, Thornton, Kidd, Macaulay and J. S. Sprague.

A. C. BOWERMAN,  
*Secretary.*

Picton, April 23rd, 1894.

### Book Notices.

*The Popular Science Monthly* for May shows a greater diversity than usual in its pages, fit articles being given for all scientific turns.

"Guests of the May-flower," an entomological paper followed by "Frost forms on Roan Mountain," beautifully illustrated; "Cause and effect in Education," and "Religious belief as a basis of Morality," with "Economic uses of non-edible fish," and "The sleep of mollusks" as counterfoils. The photograph and sketch in this number is of Sir Joseph Henry Gilbert, the ancient scientist and fellow-worker of Sir John Lawes.

Probably the chapters of most interest are those continued through as "New Chapters in Warfare of Science," by A. D. White. That of this month is on the theological and scientific theories of an evolution in animated nature.

*Essentials of Nervous Diseases and Insanity.* Their symptoms and treatment. A manual for students and practitioners. By JOHN C. SILAW, M.D., Clinical Professor of Diseases of the Mind and Nervous System, etc., etc. Second Edition. Revised. Forty-eight original illustrations. Price \$1.00. 1894. Philadelphia: W. B. Saunders,

The study of diseases of the nervous system, the great bug-bear of most students in medicine, will be greatly facilitated by the use of this volume.

The facts given are accurate and concise, and easily acquired on reading.

While not approving of these question compends, as a rule, we must make an exception of this one, not only on account of its matter but also because of the reference given at the end of each description to large works.

*The Medical Annual.* The edition of 1894 is worth reading. Each contributor has been selected with special reference to his familiarity with the subject, and through many of the articles can be seen a pleasing individuality, which is much more acceptable to the average reader than the too liberal quotation which tends to confuse and fatigue, rather than to instruct. The scientific excellence and practical value of many of this year's contributions to the *Medical Annual* make it a volume of equal importance to the active practitioner and to the student.

The excellent plates, which are expressly prepared to illustrate and verify the descriptions, are also worthy of special notice: among others, we may mention those which accompany Dr. Shaw's valuable communication on the "Expression of the Face as a Means of Diagnosis in Cases of Insanity."

Carveth & Co., Parliament Street, Toronto, are the agents for Canada, and well deserve an order. Price \$2.

*Essentials of Practice of Pharmacy.* Arranged in form of questions and answers, prepared specially for pharmaceutical students. 2nd Edition. Revised by LUCIUS E. SAVRE, Ph.G., Professor of Pharmacy and Materia Medica of the School of Pharmacy of the University of Kansas. Price, \$1.00. 1894. Philadelphia: W. B. Saunders.

This work is published by the well-known house of W. B. Saunders, Philadelphia. It is neatly bound and well printed. The selection of type used is excellent, enabling one to refer to a given subject in the minimum of time.

The author has well named his work. It contains, in concise form, much knowledge which he who builds solidly must thoroughly understand. While it may be to some few a twice-told tale, it is certainly an excellent work of reference for all, and should be in the hands of every employee, assistant and apprentice.



*Mathews Medical Quarterly.* A journal devoted to diseases of the rectum and gastro-intestinal disease—rectal and gastro-intestinal surgery.

At last the series is complete! We now have a journal for every specialty. The work in the hand of *fate* seems to be to outline new specialties rapidly enough to supply the demand, and *fate* does her work well. Indeed, medical science is making such rapid strides, and new specialties are cropping up so fast that one must be a ravenous reader in order to keep abreast of the times. We prophesy for the *Quarterly* a large circulation; the progressive specialist cannot well afford to be without it, while many general practitioners with a leaning toward rectal and gastro-intestinal work will find in it a trusty friend. Long may it live, and if disaster should come, let us hope it will not be "*Rect*" "*al*" at once.

*The Maryland Medical Journal* has always been a welcome guest. Since our last issue it has undergone a great transformation and comes to us in an entirely new form. Evidently, having taken a place in the front rank of journalism, it intends to keep it. We wish the managers all success in their new venture.

---

## AN EPITOME

OF

## CURRENT MEDICAL LITERATURE.

---

### MEDICINE.

---

**A New Method for the Detection of Tubercle Bacilli in Sputum.**—In the examination of sputum for tubercle bacilli, Ilkewitsch (*Centralbl. f. Bakt.*, February 5th, 1894) employs the centrifuge. The following preparatory measures are taken: Sputum  $\frac{1}{2}$  c.cm.; distilled water 20 c.cm.; and 8 to 12 drops of a 30 per cent. solution of caustic potash are well mixed with a glass rod in a porcelain capsule, and the mixture is heated until vapor forms. When the sputum is quite dissolved, a little casein (no specific quantity) is added; under the combined influence of heat, stirring and caustic potash (one or two drops of the above solution) this also dissolves, and the translucent fluid becomes of a milky color. It

is then poured into a test tube, and a few drops of acetic acid are added, until the first signs of clotting of the albumen appear. The mixture is now poured into a small brass cylinder (the simple apparatus used by the author is figured), and this is submitted to the action of the centrifuge for five or ten minutes. The deposit which has formed at the bottom of the cylinder is now collected and rubbed between two slides. The two preparations, when dry, are fixed in the flame as usual, stained after Ziehl's method, and examined under an oil immersion lens without a cover slip. In this procedure, all the bacilli present in the sputum are carried down with the clotted casein, and the entire solid material is deposited at the bottom of the cylinder by the action of the centrifuge. Compared with the ordinary method for the examination of tuberculous sputum, this plan has the advantage that a larger amount of material can be examined in a shorter time. The author refers to cases in which he has been enabled by this means to detect tubercle bacilli in the sputum when none could be found after repeated examination by the ordinary method, and when the clinical signs were insufficient to justify the diagnosis of phthisis.—*British Medical Journal*.

---

**Two Cases Illustrating the Difficulties in the Diagnosis of Gastric Ulcer.**—The following two cases are of interest, inasmuch as they are examples of the difficulties which beset the certain diagnosis of some cases of stomach pain. Both occurred recently, and were sent to Colwyn Bay with the diagnosis of gastric ulcer, in each case made by more than one practitioner of standing, and at different periods in their course.

Miss X., a thin anæmic lady of about twenty-six years of age, with a strong family predisposition to tubercle, gave the following history:—Till five years ago she was well and strong but then, after exposure to cold, developed an intestinal affection, passing blood, mucus and membrane in the stools. Since then she has been troubled, more or less constantly, with attacks of sickness and abdominal pain, associated with constipation. About a year ago she suffered from severe epigastric pain, coming on immediately after food and lasting some hours, and at the same time often vomited blood (one or two tablespoonfuls, the

mother says), always first thing in the morning, and with great relief to the pain. She was then under one of the leading physicians in Brighton, who diagnosed gastric ulcer. After a few weeks she recovered, but has since had frequent attacks of more general, "grinding" abdominal pain.

When first seen, she gave a history of having been attacked, on getting out of bed in the morning, with severe epigastric pain, "like a knife running through her." She felt sick and faint and then vomited, with immediate relief to the pain. The vomit consisted of about three drachms of dark fluid blood, having a curious sickly odour like that of liquor amnii. On examination very marked tenderness was noted in the epigastrium, so severe that the slightest pressure recalled her attention when she was engaged in answering questions. The abdomen was resonant all over, not tender elsewhere than in the epigastrium, and not distended; and no intestinal movements could be seen. The heart, lungs, and liver were normal. The case was therefore diagnosed as one of gastric ulcer, and the patient kept in bed on a fluid diet.

Three days later, while straining at stool during the night, she was seized with severe stabbing pain in the epigastrium, and a general abdominal pain of a grinding nature. Vomiting began, a prolapsus ani came down, and she fainted. When seen the pulse was rather weak and about 120, and the temperature 100°. An injection of morphia was given, and a little weak brandy and water, with good results. The next morning she was much better, and, the bowels not having been moved for four days, a large olive-oil enema was given, which brought away large masses of hard motion having a foul odour, and was followed by almost complete relief of the symptoms.

An examination of the rectum showed a prolapsus ani and a retroverted uterus, which were replaced.

Further olive-oil enemata brought away more foul motions, and as there was still some griping, five grains of calomel were ordered and salol capsules (gr. v. ter die).

Three days later all tenderness had disappeared, and the pain was but trifling, and of an aching character.

On examination of the nose, a small polypus was found in the right nostril, which seemed to

have been the cause of the hæmatemesis, and explains why it should have occurred only after the patient had been in the recumbent posture all night.

The diagnosis was therefore altered to gastrointestinal catarrh, chronic constipation, nasal polypus, retroversion of the uterus, and prolapsus ani.

Mrs. Z., a thin, active lady of about twenty-six years of age, presented herself for treatment, complaining of excruciating epigastric pain, which she had had daily for four months, during which time she had lived on an exclusively fluid diet, but without relief. The pain generally came on immediately after food, and was accompanied by a feeling of fullness as soon as anything had been swallowed. It was of a sharp stabbing nature, limited to an area about the size of the palm of the hand, in the centre of which was a spot, the size of a shilling, where it was most acute, and from which it radiated; and it was associated with a similar pain a little to the left of the eighth dorsal vertebra. The epigastrium was acutely tender to pressure, even when the attention was directed to other matters. The tongue was clean and bright red at the edges, but constipation was troublesome. No history of vomiting, hæmatemesis or melæna could be obtained, and there were no signs of hysteria (contraction of fields of vision, hyperæsthesia, etc.). The patient was directed to rest both before and after every meal—advice which she had previously neglected—and to take only small quantities of fluid food; and the following medicines were ordered: Hunyadi water every morning, Vichy water half an hour before each meal, and a mixture of bismuthi carb. and hydrocyanic acid immediately before meals.

Two days later the pain and tenderness had nearly gone, and at the end of three weeks, having been promoted, through scraped meat, meat-juice, etc., to a diet of fish, fowl and chop, she was quite free from pain.

The points I would especially call attention to are the curious coincidence, in the first place of a stomach pain, resembling that of gastric ulcer with vomiting of blood, followed by symptoms highly suggestive of perforation of the stomach: and the sudden and apparently permanent disappearance

in the second case of a very typical gastric ulcer pain.—ROBT. E. LORD, M.D., in *Manchester Med. Chronicle*.

**Absorption of Salicylic Acid by the Skin and its Use in Acute Rheumatism.**—Dr. Bourget (*Revista de Ciencias Medicas de Barcelona*, No. 24, 1893) concludes as follows:

1. Absorption of salicylic acid by the skin is very rapid and intense. The skin of youthful individuals is most absorbent, while persons with white skins are more so than those with brown or black.

2. The rapidity and intensity of absorption depends upon the vehicle in which the acid is dissolved. Fatty substances especially favour its introduction through the skin, while with vaseline or glycerine it is less.

3. The treatment of acute articular rheumatism by a salve of salicylic acid and turpentine is to be recommended. It is less serviceable in other forms of rheumatism, yet it might be of use as an adjunct in massage.

4. In gonorrheal rheumatism it is inactive.

**Diphtheria.**—*The Polyclinic* summarizes the treatment as follows:

1. Germicidal treatment, preferably by the use of strong hydrochloric acid, used early to be effectual; especially valuable in cases beginning on the tonsils.

2. Local cleanliness by the use of a weak antiseptic solution in the pharynx.

3. Nasal syringing with the same solutions in every case where there is nasal discharge.

4. Alcoholic stimulants begun as soon as the first systemic effects of the poison are seen, and in very severe cases pushed to the point of tolerance.

5. Calomel fumigations as soon as laryngeal symptoms appear.

6. Intubation in laryngeal cases not relieved by fumigation.—L. EMMETT HOLT in *Archives of Pediatrics*.

**Jaundice and Emotional Disturbance.**—Dr. E. A. Lubbock (Fulham Road, S.W.) writes: "On the evening of March 31st last I delivered a fragile, highly sensitive young lady (by no means hysterical, by the way), a primipara, of a stillborn male child. The 'waters,' I was informed, had

broken and escaped ten days previously. Delivery was instrumental, and was accomplished, while the patient was under chloroform, with some difficulty. Some thirty-six hours after, my patient, otherwise doing well, developed jaundice, which speedily became intense. There was no pain, no nausea, and the temperature was normal. The lochia were foul, otherwise there have been no troubles, and to-day, five days since its appearance, the jaundice is beginning to fade. Four of my medical neighbours whom I have asked have never seen a like case, neither has such a one been seen by my old teacher, a gentleman who has been for many years obstetric physician to one of the great London hospitals, so I venture to bring the case to your notice. Was the jaundice due to emotional disturbance?—*British Medical Journal*.

**The Preparation of a Nutrient Medium for Bacteria From Eggs.**—Wesener (*Centralbl. f. allgem. Path.*, January 31st, 1894) gives a simple method of preparing from a hen's egg a solid, opaque nutrient medium for the cultivation of bacteria. Koch originally employed eggs for this purpose, directing that they should be boiled hard and then cut into two equal portions. The disadvantage of this plan is the want of uniformity in the composition of the medium (yolk in the centre, white of egg in the periphery). This Wesener overcomes by the simple expedient of mixing yolk and albumen by shaking the egg before boiling. At first a slight tap is experienced by the finger as the intact ball of yolk impinges against the shell, but presently this is no longer felt: it may, then, be concluded that the membrane investing the yolk has been ruptured. After a little further shaking, with the object of mixing the two constituents thoroughly, the egg is placed in water at 75° to 80° C. for one-half to three-quarters of an hour. It is then transferred to sublimate solution for cooling and for sterilization of the surface; on removal, after drying with sterilized wool, the shell and membrane investing the white of the egg are removed. The contents of the egg are now seen to be solid, and of a uniform golden-yellow color. Three or four slices are cut from the mass with a sterilized knife, placed in Esmarch's dishes, and sterilized as usual. Upon a nutrient medium so prepared almost all the well-known



fission fungi and yeasts grow well, and often in a characteristic manner. Wesener describes the growth upon egg of cholera and Finkler-Prior bacilli, vibrio Metchnikovii, typhoid bacillus, *B. coli communis*, streptococcus pyogenes, *B. diphtheriæ*, and other organisms. By some of the latter the medium is liquefied. Pigment-producing organisms grow well upon it. The slices of egg dry very slowly. Further advantages presented by this medium are its alkaline reaction, its richness in albumen, and the fact that it is unfavorable to the growth of moulds.—*British Medical Journal*.

**Exalgin as an Anodyne.**—In the *Lancet*, November 25th, Dr. Thomas D. Savill relates his results with exalgin given in various cases for the relief of pain of a neuralgic character. He finds that a convenient way of preparing it is to pour six ounces of boiling water on forty-eight grains of the salt, no separation occurring on cooling. One teaspoonful of this preparation contains one grain of the salt. From one to three grains were given every four hours, with relief of pain in each instance. No bad effects were noticed even in cases of phthisis or heart disease, and no symptoms of intoxication were seen in any case. He recommends that it should not be given when a febrile temperature is present, or in cases of constipation.—*Birmingham Medical Review*.

**An Unusual Cause of Renal Hæmorrhage.**—H. D., aged 36, laborer, shortly after lifting some pails of water on June 24th, 1893, was seized with pain in the right lumbar region and began to pass water of a dark porter color. On examination there was very decided fulness and marked tenderness over the region of the right kidney, and the urine on examination was found to contain a large quantity of blood. During the next week the symptoms remained unchanged, except that the amount of blood passed was distinctly intermittent in quantity. The microscope showed blood cells, large round and tailed cells, and ordinary squamous epithelium in great abundance. The symptoms seemed to point to malignant disease of the right kidney.

On July 6th, a fortnight from onset of the hæmorrhage, total suppression supervened, with

symptoms of uræmia, vomiting, muscular twitchings, and great drowsiness. Forty-eight hours later the patient died. He had been under medical treatment four months previously for chronic rheumatism. No disease of the kidneys at that time suspected.

**Autopsy.**—Both kidneys much enlarged, and their substance almost entirely converted into closely aggregated cysts. The right kidney was about the size of a cocoanut. A large hæmorrhage had taken place between the capsule and the kidney, dissecting off the capsule, and had burst into one of the cysts, which, in turn, had ruptured into the pelvis. The ureters and bladder were perfectly healthy.—WM. COLLIER, M.D., in *Birmingham Medical Review*.

**A Case of Thrombosis of the Basilar Artery.**—The patient, S. S., was admitted to the General Hospital under the care of Dr. Rickards on December 5th, 1893. He was then suffering from chronic bronchitis and cardiac dilatation, and was much cyanosed. Venesection was performed on the day following, twenty-one ounces of blood being abstracted, with considerable relief to the cyanosis and dyspnoea. The urine was acid and gave a light cloud of albumen on boiling; no casts were seen. During the following fortnight the condition did not vary to any extent, cyanosis being at all times a marked feature of the case.

During the morning of January 11th the patient was observed to be peculiar in manner and somewhat wandering. Shortly before mid-day he raised himself in bed and stretched across to the bed of the adjoining patient, a much greater amount of exertion than he had undertaken since his admission. About mid-day he suddenly developed convulsions and Cheyne-Stokes respiration. There was slight rigidity of both arms, with clonic spasms of the muscles of both arms and of both sides of the face; the convulsions being, however, most marked on the left side. The legs were not affected. The pupils were equal and reacted to light. The knee-jerk was present on both sides, as also were the superficial reflexes. One hour later neither superficial nor deep reflexes could be obtained. The patient was not insensible, being able to answer questions and to recognize people around him.

Venesection was at once performed, twenty ounces of blood being taken. No relief to the symptoms followed this treatment. As regards venesection, the idea was that the patient was suffering from ingravescent hæmorrhage, though the cardiac condition would certainly have favored thrombosis.

During the next four hours the condition did not change, except that the respiration became gradually more marked in type. The patient died six hours after the onset of the attack. Half an hour before death he became comatose, with flaccid limbs, the pupils being fixed and somewhat dilated.

The *post mortem* examination showed a considerable thrombosis of the basilar artery, extending also a quarter of an inch into the right posterior cerebral artery and less into the left posterior cerebral. The cerebral arteries were atheromatous and calcareous to a considerable extent. The heart was hypertrophied and dilated.—S. H. PERRY, M.B., in *Birmingham Medical Review*.

### **Treatment of Severe Chorea by Chloroform and Morphine.**

—A girl, aged 17, was admitted into the Leeds General Infirmary in November last with moderately severe chorea. She had a rheumatic history but no existing arthritis. The movements increased rather rapidly in violence, unchecked by chloral in frequent doses of twenty grains. Beginning with one-sixth grain of morphine hypodermically immediately followed by inhalation of chloroform for a few minutes, and gradually increasing the dose of morphine to one-half grain, always aided by chloroform, the movements were kept under control with the greatest of ease. The smaller doses produced sleep lasting only from one to three hours, the patient awaking no better; but after the half-grain dose she slept almost uninterruptedly for nine hours, and was then so greatly improved that she required no further medication except by the mouth—in fact, became an ordinary mild case, and left the hospital well in about six weeks.

With moderate doses of morphine there is often a delay of many minutes before sleep occurs; the inhalation of chloroform for two or three minutes produces immediate sleep, which is continued by the morphine. If necessary, the chloroform may

precede the injection of morphine.—T. CHURTON, M.D., in *British Medical Journal*.

### **Thyroid Extract in Washerwoman's Eczema, and as a Local Application.**

—S.H., aged 42, a washerwoman, was placed on the sick list on January 27th. The patient was suffering from an acute attack of typical eczema, of the impetiginous type, with intolerable itching and exudation. The legs and arms were chiefly affected. She was unable to stand or do her daily work. She was treated with the ordinary remedies for a week, and these failing to do her any good, I determined to give thyroid tabloids a trial.

On February 6th three tabloids were daily prescribed. The result was most gratifying. In twenty-four hours she began to peel, and when I visited her on February 9th the epidemic scales and crusts filled the bed and littered the floor. The patient expressed herself much improved by the medicine, and the soreness about her limbs had disappeared. The eruption still further yielded to treatment, and on February 12th she was able to attend at the out-patient department practically convalescent.

This patient occupied a small room in a back court, the general surroundings being very unfavorable for a good recovery. I think the remedy undoubtedly had a curative effect in this case.

I have been trying thyroid extract lately as a local application, and have found the remedy useful in the following cases: (1) Unhealthy serpiginous ulcers, (2) open buboes of specific gonorrhœal origin, (3) Hunterian chancres, and especially chancroids, (4) for the cure of deep sinuses. The medicine proved serviceable combined with calomel and another sheep product—lanolin. Buboes and sores quickly took on a healthy action, and in some patients desquamation was noticed. The tendency to too rapid healing had to be obviated, for example, in discharging buboes. An elegant preparation has been made for me by Messrs. Burroughs, Welcome & Co., in the form of thyroid cream. This seems to be a very cleanly and emollient dressing, the lanolin acting as a preservative. I have already noted the benign influence of the tabloids in certain syphilitic skin eruptions.—J. D. MENZIES, Surgeon R.N., in *British Medical Journal*.



## SURGERY.

**The Treatment of Eczema of the Ear.**

—A brief note in the *Journal de Médecine de Paris* for February 4th, 1894, gives the following directions: In moist eczema of this region, where the eruption is confluent and behind the ear or in the auricle, it is well to wash the parts with a very weak solution of bichloride of mercury, which should be warm. This should be done three or four times daily. After the parts are thoroughly disinfected, they may be dressed by an application of iodol, the auditory canal being closed by a pledget of absorbent cotton. This treatment is very useful in those cases where a discharge from the middle ear has produced irritation. In dry eczema in this region we may also use the mild bichloride wash, and follow it by an ointment composed of,—

R Iodol ..... gr. xv.  
Lanolin ..... ʒi.

If the disease involves the external auditory canal, the disquamating epithelium should be removed by some absorbent wool twisted upon an applicator, and the canal anointed by,—

R Iodol ..... gr. xv.  
Paraffin oil ..... ʒi.

The introduction of a tampon of wool will do much towards the keeping of the liquid in the canal. This dressing should be renewed night and morning. Often a cure results in a very few days.—*Therapeutic Gazette*.

**An Anomalous Case of Stone in the Bladder in a Female.**—F. B., aged 30, married ten years, had had five children. The last child was born twelve months before the patient came under my observation. It was suckled for two months only, but the menstrual discharge did not reappear until six months after this confinement.

Since six weeks after this confinement she had complained of passing a thick purulent-looking material with the water and the motions. There was pain during and after micturition, which continued for about half an hour. She had never passed any blood with the water. She stated that ten years ago the abdomen became much enlarged, but the swelling suddenly disappeared when an un-

usually large quantity of urine was passed. The first child was born eight years ago.

There was nothing to note about the abdomen. The cervix uteri, which was lying towards the left side of the pelvis, was much torn. In front of the cervix was felt a short ridge in the vaginal roof, and anteriorly this ridge terminated in a small nodule which was tender to the touch. The body of the uterus was slightly and uniformly enlarged.

The catheter was passed, and on being withdrawn impinged against a solid body, which proved to be a phosphatic calculus with a uric acid nucleus. The stone was embedded in a pouch of the bladder. The urine drawn off was muddy and offensive; it contained a large quantity of pus, and its specific gravity was 1023.

*Remarks.*—Ten years before this patient came under observation she had probably suffered from hydronephrosis, and it is quite possible that the calculus which produced this disorder was the nucleus of the stone removed from the bladder. Augmenting in size, it had probably lain during these years in a pouch or diverticulum of the bladder without producing any untoward symptom until the fifth parturition excited some inflammatory disturbance in the tissues which surrounded it.—JAMES OLIVER, M.D., in *British Medical Journal*.

**Cancer of the Testicle.**—Poncet (*Lyon Méd.*, December 31st, 1893) reports two cases of cancer of the testicle, both of which were accompanied by malignant enlargement of the supraclavicular lymphatic glands on the left side. (1) A man, aged 37, had suffered from malignant disease of the right testicle for eight months. The supraclavicular glands on the left side were the size of an orange. No enlarged abdominal glands could be discovered. The swelling in the neck was punctured, and a few drops of blood exuded. No other sign of secondary growth could be discovered. Castration was performed on the right side, and an attempt made to remove the supraclavicular glands. These, however, were the seat of a soft vascular encephaloid growth, and only two small glands could be removed. The wounds healed well at first, but on the ninth day a raised temperature was recorded, and there followed all the signs of a general cancerous infec-



tion, death taking place on the twentieth day after operation. At the *post mortem* examination there were found numerous secondary deposits. Some were in the root of the left lung, and from these there extended a thickened cord to the enlarged glands in the base of the neck, and along the posterior abdominal wall many masses were seen. On microscopic examination the tumor was seen to be a chondro-sarcoma. (2) A man, aged 20, had suffered from a round-celled sarcoma of the left testicle, which was removed at the age of 18. Fourteen months after this operation sarcomatous adenitis of the left supraclavicular glands appeared without any other neoplastic manifestation, and was quickly followed by generalization, which caused death four months and a half after the enlargement of the supraclavicular glands. Poncet thinks that in both these cases the mode of transmission of the sarcomatous material was by the thoracic duct, which receives the testicular lymphatics from both sides, and also those from the left supraclavicular glands. He advises that in all cases of malignant disease of the testicle which it is proposed should be submitted to a radical operation, a systematic examination of the supraclavicular glands of the left side should always be made.—*British Medical Journal*.

**Healing of Tongue Bites.**—This well-known accident is generally believed to be trivial as far as prognosis is concerned, and Berenger-Feraud\* and Peltier† have shown, on the evidence of fourteen bad cases, that wounds of the tongue heal quickly. A piece of the tongue almost severed by the sharp incisors usually fails to slough away. Nevertheless, it is the duty of the attendant to be on his guard against injury to the tongue in any case of convulsions. Puerperal eclampsia is a very grave disease, and the obstetrician's attention is directed in most instances of this disorder, rather to the emptying of the uterus than to the protection of the tongue. Dr. Matthai, of Berlin, has recently shown that we must not rely too much on the evidence of Berenger-Feraud as to the healing of bitten tongues, whilst Professor Veit has brought forward a case where a wound of the tongue placed the patient in immediate peril. Dr. Matthai states

that a woman was admitted into the Berlin University Lying-in Hospital deeply comatose after twelve fits. The tip of the tongue, blue and swollen, projected from the mouth, but the assistants did not take steps to protect the organ. Delivery followed quickly on admission, and it was not till the second day, when the patient awoke from her coma, that a deep oblique wound was discovered, about an inch behind the tip of the tongue. A thin band connected the damaged part with the rest of the organ. That part became very putrid, and separated on the seventh day. Neither taste nor deglutition were affected after recovery. In Dr. Veit's case a pregnant woman, sleeping alone, had convulsions, and bit her tongue badly. Next morning she was found senseless and blanched, profuse hæmorrhage having occurred through injury to the lingual artery. She recovered. The point of the tongue did not slough off, but permanently lost all sense of taste.—*British Medical Journal*.

#### MIDWIFERY.

**Menstruation in a Young Infant.**—On February 20, 1894, I delivered Mrs. B. of a full-term female infant; well formed, weighing about seven pounds. On the 22nd the nurse noticed a sticky discharge oozing from the vagina of the infant to which she called my attention on the following day, when I found a small stain of mucus streaked with blood on the linen, and the labia minora were covered with a viscid mucous secretion. On the 24th I found on separating the labia quite a decided discharge, 5iss-5ii. of bloody mucus oozing from the vagina, which almost entirely disappeared on the following day.—FRED. W. THUM, M.D., in *Archives of Pediatrics*.

**Pregnancy and Hepatic Abscess.**—Chambrelent (*Arch. de Tocol. et de Gynec.*, December, 1893) relates a case in which a patient was delivered of her first child four years ago. There was central placenta prævia and fever in the puerperium. The temperature rose and fell very irregularly between 102° and 104°; but the patient was discharged "cured" on the seventeenth day. On December 14th, 1892, she was admitted into the Bordeaux Lying-in Hospital, pregnant nearly to term. The temperature was over 103°. The patient complained of severe pains in the right side

\* *Gazette des Hopitaux*, Nos. 53 and 56, 1870.

† *Mouvement Medical*, No. 6. 1870.

of chest, which bulged, and resonance was diminished. Chambrelent diagnosed pneumonia. On December 15th a healthy child was born spontaneously. The mother died on the 17th. The liver was in a universally suppurating condition, looking like a dark broth. Chambrelent traced the liver complication to the first confinement, when phlebitis must have occurred and affected the liver. At the second labour germs remaining in the liver had been disturbed, and fatal complications resulted. Though the liver was almost destroyed, no uræmic convulsions were observed. Coyne related a case, during a discussion on Chambrelent's clinical report, in which a man had pain in the right side of the thorax after a gunshot fracture of the arm. Three years later he died, and four abscesses were found in the liver, and a suppurating area in the lung. Uræmia is often absent in very rapid attacks of hepatic abscess. Several other obstetricians doubted whether the abscess was chronic in Chambrelent's case.

**Pregnancy after Ventrifixation.**—Lohlein (*Deut. med. Woch.*, March 15th, 1894) says that ventrifixation has maintained its position as a method for maintaining the uterus in a forward position with moderate elevation which is at once reliable and unattended by unpleasant consequences. It is, however, indicated only when very considerable inconveniences are to be attributed to the abnormal position of the uterus. He reports two cases in which pregnancy occurred after ventrifixation: (1) A woman, aged 30, had ventrifixation performed in July, 1892, on account of prolapse; in December, 1893, she was delivered of a child; the involution of the uterus proceeded satisfactorily. (2) A woman, aged 35, had myomectomy performed in November, 1892; as the uterus was retroflexed, the bed of the tumor was stitched to the abdominal wall; five months later she had severe nausea and vomiting, and was found to be pregnant; the adhesions between the uterus and abdominal wall could be felt; subsequently she was delivered of a well-developed child, which, however, died shortly afterwards. The ventrifixation was undertaken here to guard against bleeding and the infection of the peritoneum, in addition to the above-named reason. This method has been of service to the author in

cases of the enucleation of large myomata. He cites a case in which a rapid pulse and raised temperature led him to reopen the abdomen, and he stitched the bed of the tumour to the abdominal wall with the best results. The indications for ventrifixation are thus not to be limited by any fears in regard to conception and gestation. The bands of adhesions take part in the involution just as the utero-sacral and broad ligaments do. Thus there is reason to believe that the fixation will still remain sufficient. In both cases there was marked nausea and vomiting during the early months of the pregnancy, severer than in previous pregnancies.—*British Medical Journal*.

---

### Personals.

---

Dr. F. R. Eccles, of London, is away on a holiday. He will visit Baltimore, Washington and Philadelphia during his absence.

Dr. J. O. Orr has returned from England, and now resides at 337 Jarvis Street. He will devote himself entirely to the diseases of the respiratory tract and to bacteriology.

Dr. V. Sullivan, son of Senator Sullivan, of Kingston, is attending St. Mary's Hospital, London, England, while Dr. Acland Oronhyatekha is attending St. Thomas', preparing for the conjoined examination in June.

Dr. H. Hamilton is still in London attending the medical wards in several hospitals. He intends returning about the end of August, after his year's work in England and the continent, and settling in Toronto. He will be a valuable acquisition to the profession in this city.

---

### Births, Marriages, Deaths.

---

#### MARRIAGE.

ROBERTSON—WILSON.—At Toronto, on Wednesday, May 2nd, by the Rev. W. F. Wilson, William Robertson, M.D., of Elora, son of the late Rev. William Robertson, Chesterfield, to Florence, daughter of the late Roger Wilson, of Barrie.

#### DEATH.

BULL.—On Wednesday, April 25th, at his late residence, "Elmsleigh," 131 Bloor Street West, Toronto, Edward Bull, M.D., in his 71st year.



## Miscellaneous.

THE DOCTOR'S WIFE.—Our attention has been called by a distinguished member of the profession and an authority on life assurance to a paragraph in Henry Vizetelly's *Glances Back Through Seventy Years*. At page 415, Vol. I., after discussing the Rugeley poisoning case, Vizetelly writes: "Mayhew, besides interviewing Dr. Taylor, had conducted an inquiry for the paper at the principal life assurance offices with somewhat startling results. . . . That the dishonorable portion of the medical profession was largely mixed up with these frauds, and that most offices made it a rule never to insure the life of a medical man's wife." It may hardly seem necessary to take notice of this statement, unsupported as it is by any evidence, and we should have treated it with silent contempt had not our opinion been asked by one of the leaders of the profession. This being the case, we communicated with some of the leading actuaries of the day, and they all agree in affirming that they have never heard of any such rule, and that both now as well as in the

past the wives of medical men have just the same facility for assurance as the wives of other men.—*British Medical Journal*.

LANOLIN.—The Lanolin case before the Court of Appeal has ended in a decision upholding the patent of the Darmstaedter Lanolin Fabrik, and maintaining the injunction which had been granted by Mr. Justice Romer against an English firm for an infringement of it. It was interesting to find English judges discussing evidence on this question obtained from ancient authors such as Livy, Ovid and Dioscorides, but they all agreed that the wool fat of those days—the substance called "æsypos," as described by Dioscorides—was a very different material from that which we know under the name of "lanolin," as introduced by Professor Oscar Liebreich. What the ancients did was to get wool fat out of wool; what is done now is to get the substance called lanolin out of wool fat. As we all know, lanolin consists chiefly of cholesterin in combination with stearic and other fatty acids, mixed up with a certain quantity of water. The lye or liquor in which wool has

---

**FOR INVALIDS.**—Delicious Dishes made in a few minutes at a trifling cost.

## WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

**WYETH'S RENNET** makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. **Price, 25 cents per bottle.**

## FERMENTATIVE DYSPEPSIA.

**WYETH'S COMPRESSED TABLETS.** \* BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. **Price, per bottle of 100, \$1.00.**

## WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 mins.

## Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

## JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - General Agents.



been washed by an alkaline solution is the basis from which it is obtained as a commercial product. This lye consists of water, dirt, soapy matter (that is, the glycerine fats converted into soap and glycerine by the alkali), and fat which is not combined with the alkali, and is not soapy (that is, the cholesterin fats). These constituents differ in specific gravity, and that of the cholesterin fats being the highest, the patentees are able by a centrifugal machine, like a cream separator, to separate these from the rest. The cholesterin fats so obtained then go through various processes of purification, and, being then kneaded up with a certain proportion of water, produce the material we know as lanolin. It had been contended that the thing patented was the use of the centrifugal machine, and that if the same separation could be obtained by a process of subsidence, by the action of gravity alone, the patent would not be infringed by so doing. The Court held, however, that the patent covered any mechanical method of effecting the separation at the stage indicated, even although it might not be done by the precise machine which was selected as the best. So there

was an end of that side of the case. It had also been contended, if it were not the particular method by the use of a centrifugal machine, but the whole process which was claimed by the patentee, that in that case the patent had been anticipated by the process described by Dioscorides. But the judges held that this old process did not produce lanolin but only wool fat; the separation, in fact, was not performed by it, and there was no anticipation.—*British Medical Journal*.

EPISTAXIS: The method of Dr. Rougier is to paint the spot from which the hæmorrhage seems to come with:

R Collodion.....ʒiij.  
Acid. carbolic.....  
Acid. benzoic.....  
Acid. tannic.....āā gr. lxxv. M.

This preparation coagulates albumen instantaneously, and its use is not painful. The author also employs it after removal of adenoid tumours, tonsillotomy, etc.—*La Méd. Mod.*

# SOMATOSE

A new Meat Extract in powder form, tasteless, and very concentrated.  
Specially suited for Invalids. . . . .

MANUFACTURED ONLY BY

FARBENFABRIKEN, VORMALS FRIEDR. BAYER & CO.

ORIGINAL INVENTORS OF THE WELL-KNOWN REMEDIES

PHENACETINE=BAYER and SULFONAL=BAYER.

For particulars, address

**DOMINION DYEWOOD & CHEMICAL CO.**

TORONTO.

WHOLESALE ONLY.

Sole Agents for Canada.

That an unwarranted substitution of one remedy for another is occasionally practised by some druggists there seems to be no question. That this is morally wrong, is equally true; but that it is frequently a crime, in the eyes of the law, and as such is punishable, seems to have been lost sight of by some of those who may practise it.

But the fact that such have enjoyed immunity from prosecution, is no guarantee that they can continue their speculation, even on a small scale, without detection and its consequences.

Frank A. Ruf, of the Antikamnia Chemical Company, has recently been in New York and Chicago, and states that he has made arrangements for a thorough system of investigation throughout the country, and that counsel has been employed to prosecute, both civilly and criminally, all who persist in furnishing a substitute as and for antikamnia.

The Antikamnia Company proposes doing this without vindictiveness, and indeed, with none but the most friendly feeling to the druggist. Even where a druggist has allowed himself to be persuaded into the practice, their first step will be to

confer with him in the interest of mutual protection. Following that, they propose, if necessary, notifying every physician in the city of the name and address of the offender, with the recommendation to avoid him if honest goods are desired. The substitute obtained by the investigators, together with the name of the dispenser, will be shown to the physician, thus protecting the honest druggist. The more flagrant cases will be given to their attorney for proceedings in law.

Mr. Ruf said in regard to the matter: "We are simply determined that the honest druggist shall be protected; that the physician and patient shall be protected, and lastly, that our own interests shall not be trampled upon."—*Druggists' Circular*.

#### FOR PULMONARY TUBERCULOSIS.—

R Creosoti	}	.....aa 3ij.
$\alpha$ -Naphthol		
Acidi arseniosi.....		gr. ij.
Strychninæ nitrat.....		gr. j.
Atropinæ sulphat.....		gr. $\frac{1}{6}$ .
Extracti gentianæ	}	aa q.s.ut ft.pil.no.cxx.-M.
Gummi arabic.		

S.—One from four to six times daily.—*Maximowicz*.

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

244 SPADINA AVE.,

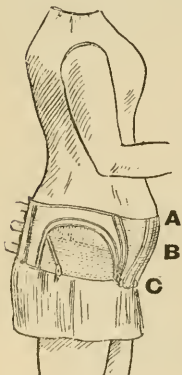
TORONTO, April 7th, 1894.

I have used **Mrs. Pickering's Happy Relief Abdominal Supporter** in my practice, and have found it to give entire satisfaction. A patient who had suffered for many years from an enormous hernia, being almost disabled thereby, has found the most complete relief from its use, and is now able to perform her household duties. She had tried other supporters, without the slightest benefit.

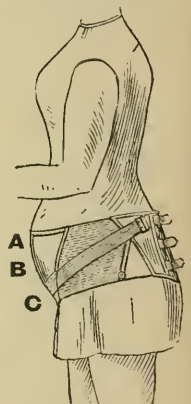
C. McKENNA, M.D.

'Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 1.



No. 2.

Address, **MRS. F. L. PICKERING,**

**BOX 149,**

**BRANTFORD, - - - - - ONTARIO.**

A CHINESE MEDICAL DIPLOMA.—“Dr.” Chan Quan Hing not long ago registered at Detroit, U.S., under a diploma from the Kwang Joie College, Canton. The following is a translation of the document: “Dr. Lee, Chief Examiner for the Government, second degree of the rank of wearing peacock’s feathers for special attendance at the Gong Wo College of Physicians and Surgeons. This certificate is for the examination in the practice of medicine as physician, that the practice of medicine may be promoted in order to guard and protect both the exalted and the lowly. Now the bearer, Chan Quan Hing, although young, has sufficient character and knowledge. He was examined at Kwang Joie College of Physicians by Dr. Fond. His learning entitles him to be a doctor, having passed the examination of the second grade of first degree of this College. I therefore encourage him and give him this certificate. He must be kind to the people, and use his knowledge to the best of his ability, doing nothing rash in his practice to render futile this examination of our College. This certifies that he may practise where he pleases in the gateways and

throughout the cities and the country. No. S.O.E., 362. First month and fifteenth day, seventh year of Kwang Shui, Emperor (1881).”—*British Medical Journal*.

#### A TONIC MIXTURE:

R Wine of kola.

Wine of cinchona.

Wine of gentian.

Wine of colomba, of each . . . . . $\bar{v}$ iii.

Fowler’s solution . . . . .gtt. x.

Tincture of nux vomica . . . . .gtt. v.

A wineglassful after each meal.—*Therapeutic Gazette*.

#### FOR DIABETES:

The *Journal de Medecine de Paris* for February 4th, 1894, recommends the following:

R Nitrate of pilocarpine . . . . .gr. iii.

Dilute alcohol . . . . . $\bar{v}$ i.

Distilled water . . . . . $\bar{v}$ ss.

4 or 5 drops of this mixture may be placed upon the tongue two or three times a day.—*Therapeutic Gazette*.

# ROTHERHAM HOUSE

Dr. Holford  
Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses for outside work on application.

For Terms, or other information desired, address

**DR. HOLFORD WALKER,** Isabella St. TORONTO.



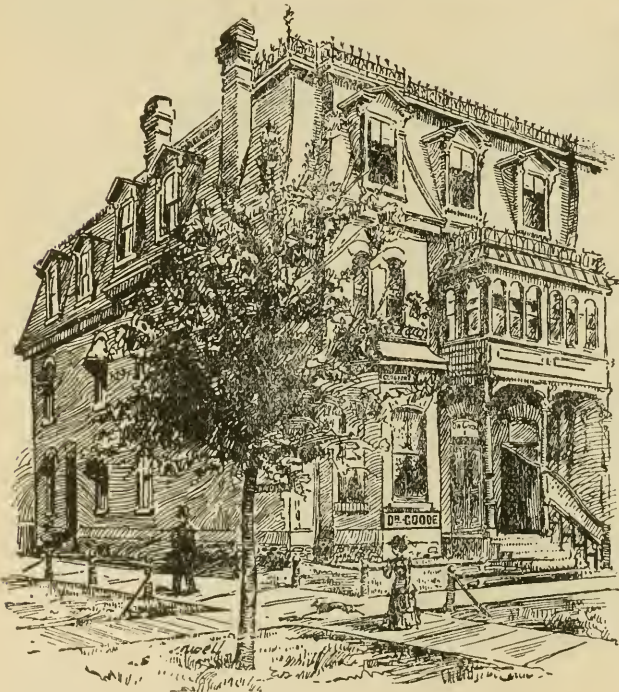
THE EDITOR OF "AN AMERICAN TEXT-BOOK OF PRACTICE."—"In announcing the completion of 'An American Text-Book of Practice,' the publisher asserts that in this work *over 500 pages are from the pen of Dr. William Pepper*. This fact, from a purely mechanical standpoint in these days of enormous literary production, would not appear in itself to be matter for special comment, but when there is taken into account the Editor's busy life, it is a notable instance of the wonderful vitality and executive ability of an exceptionally gifted man."

"Dr. Pepper, who is a native-born Philadelphian, is perhaps no less widely known as a medical practitioner than as Provost of the University of Pennsylvania, and since assuming the administration of this venerable institution its interests have been more rapidly advanced than during any equal period of its history. The words of Governor Hoyt, addressed to Dr. Pepper at the time of his installation as Provost (1881), that 'the events of this day will affect your own and the *fortunes of the University of Pennsylvania*,' were singularly prophetic. An indefatigable worker, he has con-

ducted the affairs of the University with such remarkable tact that the various educational departments now aggregate thirty huge buildings and the institution commands an international reputation. But it is not alone as the chief administrative officer of the University that Dr. Pepper's influence is all-potent; he is connected with, and is especially active in various capacities in, many learned societies."

"Moreover, in addition to shaping and directing the general policy of the University, Dr. Pepper attends to a very large medical practice. He is recognized as the leading American authority on medical questions, his powers of diagnosis amounting almost to intuition. He was mainly instrumental in securing from the city of Philadelphia the gift of the site on which now stands the University Hospital, and he has always been an ardent supporter and a successful promoter of charitable works deserving public recognition."

"The question naturally arises, How does Dr. Pepper meet the exactions of all these engagements? The answer is, Simply by self-abnegation and by his mental adroitness, no opportunity being



## Private Sanitarium ... for Inebriety

No. 1 Clarence Square, TORONTO, ONT.

THIS INSTITUTION possesses facilities for the successful treatment of the drink habit on modern principles.

It is situated on the corner of Spadina Avenue and Clarence Square, and facing a beautiful park; is only one block from street cars, only a short distance from the Brock Street boats, and five minutes' walk from Union Station. All the rooms are large, well furnished, and house is heated by furnace and gas.

The medical treatment is superintended by DR. GOODE, whose assistants are competent. As the residence of patients will be from three to four weeks, and as occupation or amusement is almost necessary, it will readily be seen that a first-class place where gentlemen may be treated in the city has great advantages over a like institution in the country.

lost—whether it be in his office or in his carriage responding to a business, a professional, or a social call—in formulating the duties of any function requiring personal attention. As an editor and writer, as Provost and practitioner, it may be inferred that the official demands on Dr. Pepper would preclude attention to the enjoyments of society; but in social as in public life he still finds time for interchange of civilities with a wide circle of friends, by whom he is highly esteemed not only for the brilliancy of his literary attainments and his gentlemanly qualities, but also for his congeniality as a friend and a companion.”

#### ACUTE CATARRHAL TONSILLITIS:

As a gargle:

R Borax ..... gr. xlv.  
 Glycerin ..... ʒj.  
 Decoction of marsh-mallow ʒix. M.

Internally:

R Salol ..... gr. xlv-ʒj.  
 Mucilage of acacia ..... ʒiv.

M. Sig.: Divide into 4 doses and take during the course of the day.—*La Riforma Med.*

“VIEWING THE BODY.”—Old customs, especially if supported by legislative sanction, are hard to kill, but it is likely that some remarks by Mr. Oliver Pemberton, F.R.C.S., the coroner at Birmingham, will have helped to drive a nail into the coffin of that particular meaningless and sometimes dangerous rule of “viewing the body” at public inquests. The case was a very unfortunate one; a poor girl who, in a state of delirium, had escaped from the local small-pox hospital, and had been drowned in a canal. Mr. Pemberton favored the carrying out of the law, but urged the necessity for its amendment. To prevent evil consequences in the case in question he had the corpse enclosed in a coffin covered with a glass lid, and laid in the open air. He stated, in addition that the member of Parliament representing Aston Manor had already given notice of his intention to raise the question in the House of Commons. As soon as Parliament finds time to attend to the matter we fancy it will have no difficulty in coming to a decision in accordance with the view so often expressed in the *British Medical Journal*, and now endorsed by Mr. Pemberton.—*British Medical Journal*.

## MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:

“I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen**. It is constructed on the hygienic and anatomical principles, and is a great boon to ladies.” . . . . .

PROMPT ATTENTION GIVEN TO ALL ORDERS

WRITE OR CALL

## VERMILYEA CORSET CO.

439 QUEEN STREET WEST

TORONTO, ONT.



## ACTION OF SOMATOSE ON HEALTHY PERSONS.—

1. Experiment of twelve days' duration on a man, thirty-six years of age, of medium strong build, having a healthy gastro-intestinal canal. During the Somatose period a remarked N surplus occurred on the second day, on the fourth day there was N equilibrium. During the following meat period N surplus also ensued, but not as large as during the administration of Somatose. According to this experiment, Somatose is not only equivalent as regards the nitrogenous surplus to meat, but even somewhat superior.

2. The person experimented on was a moderately vigorous peasant boy, sixteen years old, who had suffered, although only at times, from constipation. Notwithstanding that the patient received in addition to the Somatose, only food whose percentage of nitrogen was at the lower limit of the albuminous requirements of the human body, there was a gain in nitrogen under nutrition with Somatose.

3. If, on the other hand, a person is in an especially good condition of nutrition, and, in contrast to the preceding case, consumes, further, more

nitrogenous substances (albumen), the nutritive value of Somatose is somewhat lower than that of meat, as was shown by a third experiment on the peasant boy mentioned above.

From this experiment it follows, moreover, that even under such conditions the utilization of Somatose may be considerably increased by diminishing the quantity of nitrogenous substances in the additional food. The absorption and assimilation of equal quantities of Somatose is twice as good when the percentage of nitrogenous elements in the additional food supply is reduced than under an albuminous diet.

On the ground of these three experiments on a healthy person, it follows:

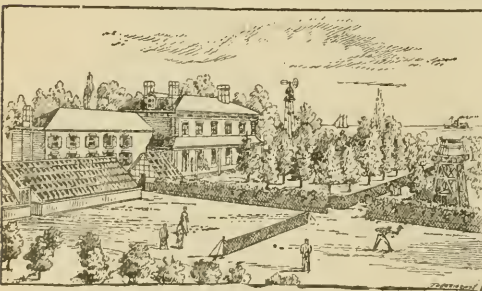
(a) Somatose is well borne, without producing diarrhoea.

(b) The absorption of Somatose N and its excretion in the urine is almost the same as that of N of meat.

(c) The assimilation of the preparation is more perfect if the supplementary food is poor in albumen. Under the use of 4.24 N in form of Somatose there was excreted in the feces, instead of

# LAKEHURST SANITARIUM

## OAKVILLE, ONT.



FOR THE TREATMENT OF

## INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
OAKVILLE.



one-half, only one-eighth of the N quantity which, under the use of 8.48 N, remained unused in the intestines.

(d) The gain in flesh under the administration of Somatose is at least as good as under a meat diet.

#### ANTIPYRETIC PILLS IN PHTHISIS:

R Pulveris digitalis ..... gr. i.  
 Quininae hydrochloratis.... gr. iss.  
 Pulveris opii ..... gr. ss.  
 Misce et fiat pilula ..... No. 1.

S.—One to be given every six hours.—*Therapeutic Gazette*.

#### PYREXIA IN LA GRIPPE:

R Tinct. digitalis..... ℥ x.  
 Tinct. aconiti ..... ℥ iiss.  
 Liq. ammon. acetat ..... f̄j iiss.  
 Aquæ ..... ad f̄j viii.

S.—One tablespoonful to be taken directly, and repeated every hour until four doses have been taken; then every two, three, or four hours, as directed.—*Therapeutic Gazette*.

A PLEA FOR THE PIPE.—In the discussion about "Puerperal Septicæmia," Dr. Barnes wisely lays great stress on the importance of a medical man disinfecting his breath, as well as his hands, and that he should, as a general rule, not drive about to see his patients in a close carriage, nor wear gloves in the summer, etc., etc. He, however, omits one important item—"a quiet smoke." Depend upon it, there is nothing like an occasional pipe (or cigarette), or even a fragrant cigar, for disinfecting the breath and destroying disease germs, to say nothing of a pipe soothing one's irritated nerves, especially at such a time as the present, when one is in attendance on so very many cases of this so-called, or rather *mis*called "influenza."—W. L'HERUEUX BLENKARNE in *Medical Current*.

#### EXTERNAL TREATMENT FOR RHEUMATISM:

R Salicylic acid.

Lauolin.

Essence of turpentine, of each, gr. xv.

Lard..... f̄j iss.

—BOURGET.

## THE ACID CURE.

HITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., we will forward to any qualified practitioner for 35c.

#### TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

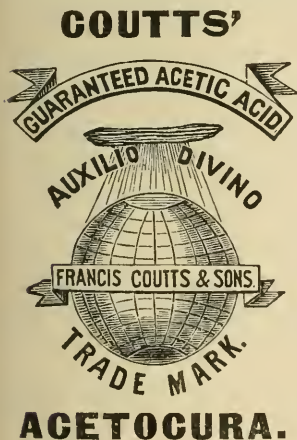
"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." By JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure.—'The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. F. Coutts in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, then to neutralize the poison and overcome the morbid condition; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."



We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

LONDON, GLASGOW and MANCHESTER,

**COUTTS & SONS,**

72 Victoria St., TORONTO.

"Doc."—If it has been your misfortune to be called "doc," and if this recognition has become at all general among your friends you might as well move to some other place. A man may be called a thief, a liar and a dead beat, and yet he may prosper and live upon the fat of the land. But once let him be called "doc" and his professional success is at an end. We would prefer to spend a night in the station-house, so far as its effect on our professional success is concerned rather than to have our friends notice our approach by saying, "There comes doc." If a man calls you "doc" you need never expect a penny from him for any professional services you could render. His answer is sure to be, "All right, doc, in a few days that will be all right." "Doc" means disaster. "Doc" is the culmination of all calamity. "Doc" is a catastrophe given at one stroke. "Doc" is the warning that we have reached the extreme limit of our usefulness. "Doc" is the hand which points us to the next town. Shun it, my young friend, as you would flee from a Kansas cyclone or a prairie-fire. Knock the man down who first dares speak it to

you ; and call upon the whole medical profession for vindication of your righteous deed.—*The National Medical Review*.

**BLISTERS OF THE FEET.**—In the German army the following application is employed for the rapid cure of blisters of the feet incident to long marches :

R Black soap.....52 parts.  
Water.....27 parts.  
Vaseline.....15 parts.  
Oxide of zinc .....6 parts.  
Essence of lavender, enough to perfume.  
—*Therapeutic Gazette*.

#### INSOMNIA OF CHILDREN :

R Chloralis..... gr. ij.  
Tr. moschi,  
Tr. valerianæ .....aa gtt. xx.  
Aquæ dest..... ʒ j.

M. Sig. Inject the entire quantity into the rectum, and if necessary, the dose may be repeated if sleep does not ensue in the course of two or three hours.—*Ex.*

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

**T**HERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon **SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES** to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. **SCOTT'S EMULSION** remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

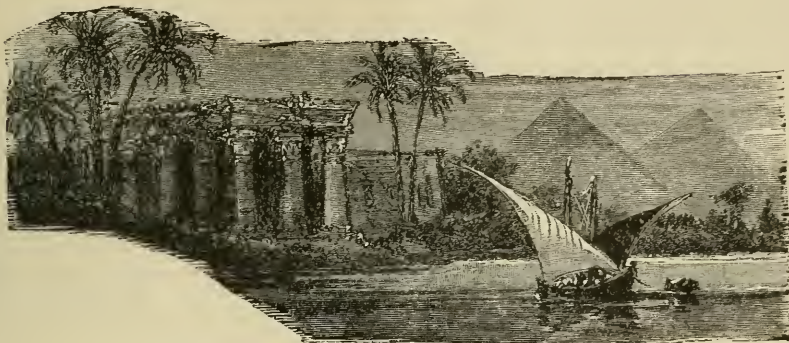
SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.

# In Convalescence

Doctors frequently tell their patients that a **change of climate** or a **sea voyage** would be the best thing for them. . . . .



Very few people, however, can afford to follow this advice, so it is necessary to suggest a substitute.

THE LEADING PHYSICIANS PARTICULARLY RECOMMEND

## WYETH'S BEEF, IRON AND WINE AS A STRENGTH GIVER.

IT IS A VALUABLE RESTORATIVE FOR CONVALESCENTS.

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

**A**S a nutritive tonic, it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases.

Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill-effects have been experienced from the use of the many imitations claiming to be the same, or as good as Wyeth's. In purchasing or prescribing, please ask for "WYETH'S," and do not be persuaded to take any other.

JOHN WYETH & BRO.,      DAVIS & LAWRENCE CO. (LTD.) MONTREAL

Manufacturing Chemists, PHILADELPHIA.

General Agents for the Dominion.

P.S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.



## CALEDONIA SPRINGS, ONT.

Season Reopens June 6th

### ALKALINE SALINE WATERS

THE attention of medical men is called  
to the reputation attained by these  
Waters in . . . . .

### RHEUMATIC

### DYSPEPTIC

### CUTANEOUS

AND KINDRED AFFECTIONS

SOLD BY DRUGGISTS, HOTELS AND GROCERS

For Guides and Circulars, address

GRAND HOTEL CO'Y

CALEDONIA SPRINGS - - - - ONTARIO

## Women's Medical College of Baltimore

1100 McCULLOH ST., BALTIMORE, Md.

ANNUAL SESSION BEGINS OCTOBER 1, 1894.  
Three Years' Graded Course. In addition to  
the usual lectures, quizzes and clinics, personal in-  
struction is given in Obstetrics, Gynæcology, Physical  
Diagnosis, Laryngology, Ophthalmology, Minor Sur-  
gery and Bandaging. Laboratory Instruction in Chem-  
istry, Histology, Pathology and Physiology offers  
superior advantages to students. For Catalogue, etc.,  
address

I. R. TRIMBLE, M.D., DEAN.



# Ontario Medical Journal

PUBLISHED THE 20TH OF EVERY MONTH.

*The Only Journal Reaching the Entire Medical  
Profession in Canada.*

For Rates of Advertising, apply

147 COWAN AVENUE, TORONTO.

AGENTS FOR THE

British Medical Journal.

ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

# WM. R. WARNER & CO.'S SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: **RELIABILITY, SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.**  
We append an abridged list of selected formulæ, of value to the general practitioner, any of which **we will forward by mail on receipt of price.**

SOLUBLE COATED PILLS.	BOTTLE		SOLUBLE COATED PILLS.	BOTTLE	
	100	500		100	500
<b>Abernethy's (Aperient)</b> .....	75	3 50	Pulv. Ipecac, 1-10 gr.		
Dose, 1.			Maas Hydrarg., 2 grs.		
Pulv. Aloes Socot., 2 grs.			Ext. Coloc. Co., 2 grs.		
Pulv. Ipecac. 5-6 gr.			<b>Aperient (Dr. Fordyce Barker)</b> .....	1 00	4 75
Pil. Hydrarg., 1 gr.			Med. prop.—Aperient. Dose, 1 to 2.		
Ext. Hyoscyam., 2 grs.			Ext. Coloc. Co., 1 2-3 grs.		
<b>Ague</b> .....	75	3 50	Ext. Nuc. Vom., 1-2 gr.		
Medical properties—Antiperiodic.			Ext. Hyoscyam., 1 1-4 grs.		
Dose, 2 to 4.			Pulv. Ipecac, 1-12 gr.		
Chinoidin. 2 grs.			Pulv. Aloes Soc., 5-12 gr.		
Ext. Coloc. Comp., 1-3 gr.			Res. Podophylli, 1-12 gr.		
Ol. Pip. Nig., 1-6 gr.			<b>Cascara Comp</b> .....	75	3 50
Ferri Sul., 1-2 gr.			Med. prop.—Laxative Cathartic.		
<b>Anthelmintic</b> .....	1 00	4 75	Dose, 2 to 4.		
Med. properties—Anthelmintic.			Ext. Cascara Sagrad., 3 grs.		
Dose, 1 to 2.			Res. Podophylli, 1-8 gr.		
Santonin, 1 gr.			<b>Chalybeate, 3 grs.</b> .....	60	2 75
Calomel, 1 gr.			Med. prop.—Antichlorotic. Dose,		
<b>Anti-Bilious (Vegetable)</b> .....	50	2 25	1 to 5.		
Med. prop.—Cholagogue, Cathartic.			Ferri Sulph., 1 1-2 grs.		
Dose, 2 to 3.			Potassa Carb., 1 1-2 grs.		
Pv. Ext. Col. Co., 2 1-2 grs.			<b>Cathartic Comp. Cholagogue</b> .....	60	2 75
Podophyllin. 1-4 gr.			Med. prop.—Cathartic. Dose, 1		
<b>Anti-Constipation</b> .....	75	3 50	to 2.		
Dose, 1 to 4.			Res. Podophylli. 1-2 gr.		
Podophyllin, 1-10 gr.			Pil. Hydrarg., 1-4 gr.		
Ext. Nuc. Vom., 1-4 gr.			Ext. Hyoscyami, 1-8 gr.		
Pv. Capsici, 1-4 gr.			Ext. Nuc. Vom., 1-16 gr.		
Ext. Belladon., 1-10 gr.			Ol. Res. Capsici, 1-8 gtt.		
Ext. Hyoscyami, 1-4 gr.			<b>Ergotine Comp. (Dr. Reeves)</b> .....	1 75	8 50
<b>Anti-Dyspeptic</b> .....	1 00	4 75	Med. properties—Sedative, Parturi-		
Med. prop.—Applicable where Debility and Impaired Digestion exist.			ent. Dose, 1.		
Dose, 1 to 2.			Ergotine, 3 grs.		
Strychnine, 1-40 gr.			Ext. Cannab. Ind., 1-4 gr.		
Ext. Belladonnæ, 1-10 gr.			Ext. Belladon., 1-4 gr.		

Prepared only by

**WM. R. WARNER & CO.**

Originators and Manufacturers of Reliable Effervescent Preparations.

**PHILADELPHIA.**

**NEW YORK.**

**LONDON.**

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO. .. .. .

EVANS, MASONS & CO. .. .. .

KENNETH CAMPBELL & CO. .. .. .

R. J. DEVINS .. .. .

J. WINER & CO. .. .. .

KERRY, WATSON & CO., MONTREAL

" " " " " " " "

" " " " " " " "

" " " " " " " "

" " " " " " " "

HAMILTON

LYMAN BROS. & CO. .. .. .

ELLIOT & CO. .. .. .

LONDON DRUG COMPANY .. .. .

R. W. MCCARTHY .. .. .

BROWN & WEBB .. .. .

TORONTO

ST. JOHN

HALIFAX

PREPARED BY

W. R. WARNER & CO.

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes. .... 2 grains.    Pulv. Rose los. .... ½ grain.  
"    Mastich. .... ½ grain.    M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastich, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

R—Ext. Sumbul. .... 1 gr.    Ferri Sulph. Ext. .... 1 gr.  
Assafetida ..... 2 gr.    Ac. Arsenious ..... 1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph. Fe SO<sub>4</sub> } = Ferri Carb. Fe Co<sub>3</sub>  
Potass. Carb. K<sub>2</sub> CO<sub>3</sub> } = Potass. Sulph. K<sub>2</sub> SO<sub>4</sub>

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with ½ gr. Ext. Nux Vomica added to each Pill to increase the tonic effect. Dose, 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION.

R—Pepsin Conc't ..... 1 gr.    Gingerine ..... 1-16 gr.  
Pv. Nux Vom ..... ¼ gr.    Sulphur ..... ½ gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda ..... 1 gr.  
Salicylic Acid ..... 1 gr.  
Ext. Nux Vomica ..... ½ gr.  
Powd. Capsicum ..... 1-10 gr.  
Concentrated Pepsin ..... 1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

R—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna, ½ gr.

Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinia;  
Ext. Colchicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.



WE would call the attention of  
**Physicians** who are about  
 to purchase **Bicycles** to the . . .  
 the leading Bicycle of the United States. A strictly high-grade wheel. Every one guaranteed. The lightest running  
 and most reliable wheel in use.

# " CLEVELAND "



. . . SEND FOR CATALOGUE TO . . .

WESTMAN & BAKER, Agents, 78 Wellington St. West, TORONTO

## SAUNDERS' MEDICAL EXCHANGE

INCORPORATED

(Late New York Medical Exchange)

CHAUNCEY BUILDING - - - MADISON AVENUE AND 43rd STREET, NEW YORK CITY

UNDER THE DIRECTION OF MEMBERS OF THE MEDICAL PROFESSION

In addition to the Board of Directors there is an Advisory Board, composed of gentlemen of high standing in the profession, to whom all matters of dispute and complaint will be referred, and whose decision will be binding on the Exchange.

**MEDICAL PRACTICES** transferred. Locations obtained for physicians. Valuations and investigations undertaken. Trustworthy and efficient assistants and substitutes supplied at short notice.

**GENERAL COMMISSION AGENCY** for the sale and purchase of everything that pertains to the medical profession. All purchases of instruments and medical appliances will be made through *specialists*.

**REAL ESTATE** bought and sold. Care of estates undertaken. Lists of apartments and houses for physicians always on view.

**GENERAL INSURANCE** brokerage.

*All business transactions conducted in strict confidence.*

# NEW YORK Post-Graduate Medical School and Hospital.

**Twelfth Year==Sessions of 1893=94.**

THE Autumn and Winter Sessions of this Institution will commence on September 18th. The Hospital of the School contains 114 beds. The teachers of the Institution are also connected with the following named Hospitals and Dispensaries: The St. Luke's Bellevue, the Presbyterian, Woman's, Charity, Mount Sinai, German, New York Skin and Cancer, Skin and Cancer, St. Mark's, Ruptured and Crippled, Manhattan Eye and Ear, New York Eye and Ear Infirmary, Demilt Dispensary, New York Dispensary, the Out-Door Department of New York and Bellevue Hospitals, and others. The Laboratory is well equipped for pathological, histological, and bacteriological investigations. The Babies' Wards contain 30 beds, and give great facilities for the study of infantile disease. Instruction is given in surgical anatomy and operations on the cadaver. The instruction is intended for general practitioners, who wish to acquire a knowledge of all departments of medicine and surgery, as well as for those who are practising in any special department. Every branch of medicine and surgery is taught by a system of personal and private instruction; no formal lectures are given.

For catalogues and schedule, address

**F. E. FARRELL, SUPERINTENDENT.** **CLARENCE C. RICE, M.D., SECRETARY,**  
Cor. 2nd Ave. and 20th St., New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

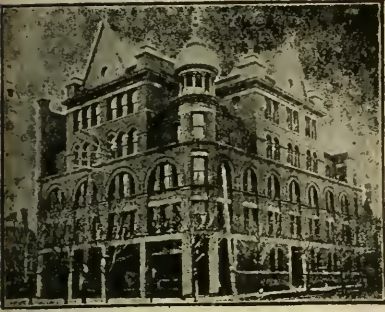
**FIFE FOWLER, Dean.**

KINGSTON, ONT.

# GRACE HOSPITAL

(Homœopathic)

College and Huron Sts., Toronto.



This Hospital, the only Homœopathic Institution in Canada, is situated in the most desirable portion of the city, accessible by street cars from every quarter, and capable of accommodating upwards of 100 patients. The building is extremely bright and cheerful, steam-heated throughout, and fitted with every modern convenience. To the west of the main building, and connected therewith, is a large residence which is used as a maternity ward.

All cases suitable for hospital treatment, both medical and surgical, are received, and private patients are permitted

the attendance of any qualified practitioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homœopathic treatment.

**BOARD OF TRUSTEES:**—HIS HONOUR JOSEPH E. MACDOUGALL, *Chairman*; EDWARD GURNEY, ESQ.; W. B. McMURRICH, ESQ.; J. D. NASMITH, ESQ.; FRED. ROPER, *Sec'y-Treas.*, No. 2 TORONTO ST., TORONTO; MISS LOUISE BRENT, *Superintendent*; MISS F. E. SHANLY, *Secretary, Grace Hospital*.

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## ALLAN & CO.

HAVE IN STOCK AND ARE OFFERING THE PHYSICIANS  
AND SURGEONS A COMPLETE LINE OF

Slumber Rolls

Atomizers

Silk Stockings

Trusses

Water Bottles

Enemas and Fountain

Syringes

Clinical Thermometers

Surgeons' Sponges

Caustic Points, etc.

Being agents for the IDEAL RUBBER COMPANY, of Brooklyn, N.Y., we are in a position to quote the very lowest prices on all rubber goods.

## ALLAN & CO.,

E. B. S. FLUID EXTRACTS.

53 Front Street East.



**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

60 COLLEGE STREET,

TORONTO.

**DR. TEMPLE'S****PRIVATE HOSPITAL.**

BELLEVUE HOUSE,

87 BELLEVUE

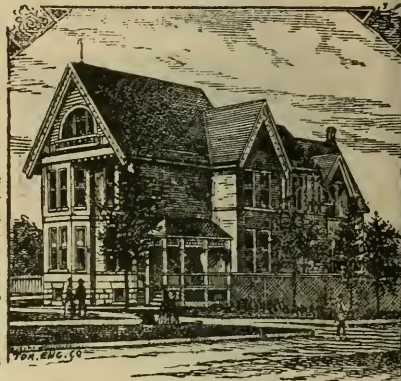
AVENUE

TORONTO.

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new

**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

203 Simcoe Street, - - Toronto.

**Orthopædic Surgeon****DR. BREMNER**

M.D., Toronto University.

L.R.C.P., Edinburgh ('79).

Late Asst. Surg. N.Y. Hospital for Ruptured and Crippled.

Asst. Surg. Polyclinic, N.Y.



39 Bloor St. East

(SOUTH SIDE)

DR. BREMNER, having spent several years in Great Britain, and as Assistant Surgeon to the N.Y. Hospital for Ruptured and Crippled, announces that he has opened an office as an **ORTHOPÆDIC SPECIALIST** at the above address.

All suitable accommodation for patients from a distance secured. Orthopædic instruments and appliances of the most modern type may be procured direct on application by practitioners.

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone Calcium Phosphate  $\text{Ca}_2\text{PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_3\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychniæ, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of low vitality.

Dose.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Drug ists at One Dollar.

# \$200 A MONTH

CAN BE MADE BY ENERGETIC SALESMEN WHO DEVOTE THEIR ATTENTION TO SELLING OUR SAFES



OUR new 80-page, finely illustrated Catalogue, will be mailed **free** to any address on application. Don't fail to write us at once and get into the field early.

We make a complete line of all sizes from **\$15 to \$300**.

All work strictly first-class.

Doctors especially are well suited to sell our Safes, as they can usually display them to good advantage. If you have no Safe of your own, write us at once for special proposition.

The **VICTOR** has now stood the test in over three hundred severe fires.

## The VICTOR Safe and Lock Co.,

CINCINNATI, OHIO.

COFFEYVILLE, KAN., April 30, 1892.

*The Victor Safe and Lock Co., Cincinnati, Ohio:*

GENTLEMEN,—My office and fixtures, with all my surgical instruments, were burned yesterday morning. It was a dreadfully hot fire, caused by the burning of five two-story and basement buildings, and the basement of this particular building was filled with liquors, which, as I say, made a hot fire. But my No. 4 Safe, which I purchased from you, fell from the second story into the basement, and with all that heat my books, papers, notes, etc., came out all right, contrary to the opinion expressed by many of my friends, that the Safe would surely be the means of your selling a great many Safes in our vicinity. We certainly can not recommend your company too highly. I shall need another Safe, and wish you would send your new Catalogue at once.

Yours truly,

W. C. HALL, M.D.

In answering advertisement mention this Journal.

## Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1894-95.**

The **REGULAR SESSION** begins on Monday, September 24, 1894, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The **SPRING SESSION** consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 25, 1895, and continues until the middle of June.

The **CARNEGIE LABORATORY** is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

## Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOF, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOF, M.D., - S. W. LAMBERT, M.D.  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their homes as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

For further information apply to

**CHARLES FORD, Superintendent.**

**314 Broome St., New York City.**

Special instruction upon the manikin given by the attending physicians.



# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.,** Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.;** Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynaecology.

**THOMAS KIRKLAND, M.A.,** Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.

**C. W. COVERNTON, M.D., C.M., M.R.C.S., Eng.;** Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. LEM. GRASETT, M.D., C.M., Edin. Univ.;** F.R.C.S.E.; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto;** Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

### LECTURERS, DEMONSTRATORS,

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.;** M.D., Bellevue Hsp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M., Trin. Univ.;** Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M., Fell. Trin. Med. Coll.;** L.R.C.P., London; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

Diseases of Children.

M.D., M.R.C.S., Eng.; Member of the

Acting Staff Toronto General Hospital.—18 Bloor Street.

Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH, Late Principal and Professor of Chemistry and Pharmacy, Ontario College of Pharmacy.**—220 Sherbourne Street.

Practical Pharmacy, etc.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. <sup>22</sup> Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the *Hospital*, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.

**CHARLES SHEARD, M.D., C.M., Fell. Trin. Med. Coll., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.

Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S., Edin.;** Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.

Professor of Ophthalmology and Otolaryngology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVISON, B.A., Univ. Tor., M.D., C.M., M.R.C.S., Eng.;** Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.;** B.M., Tor. Univ.; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### INSTRUCTORS AND ASSISTANTS.

**A. Y. SCOTT, B.A., Tor. Univ.;** M.D., C.M., Trin. Univ.; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A., Tor. Univ.;** M.D., C.M., L.R.C.P., London.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A., Tor. Univ.;** M.D., C.M., L.R.C.S. & P., Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.**—176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.;** L.R.C.P., Lond.

Assistants in Practical Anatomy.

**P. J. STRATHY, M.D., C.M.;** M.R.C.S., Eng.

Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.;** L.R.C.P., Lond.; Surgeon to the Eye and Ear Department of Toronto General Hospital.—37 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.



# "H. V. C."

Hayden's Viburnum Compound.

Specially Recommended in the . . . .

## AILMENTS OF WOMEN

AND IN

## OBSTETRICAL PRACTICE

A Powerful ANTISPASMODIC, ANODYNE, NERVINE and UTERINE TONIC.

*Perfectly SAFE, PROMPT and RELIABLE, without Narcotics, Coal Tar Products, Depressants or other poisons, and may be given to a child without special caution. Superior to Ergot in all cases where indicated.*

"H. V. C." has now been in the hands of the Medical Profession **Twenty-six Years**, with the most decided success. It is prescribed and recommended by the majority of the most eminent physicians in the United States, and employed in the principal hospitals throughout the Union with satisfaction.

"H. V. C." excels in DYSMENORRHEA, MENORRHAGIA, THREATENED ABORTION, DANGEROUS FLOODING, PUERPERAL CONVULSIONS, SPASMS, TEDIOUS LABOR, INERTIA with a tendency to COLLAPSE, AFTER PAINS, and in cases of GREAT EMERGENCY. A remedy that may be employed HEROICALLY where indicated.

**REFERENCE.**—The great body of the medical profession.

For special directions, formulæ, reports of cases, and the endorsement of *five thousand physicians*, send us your address for our large hand-book—THEORY, PRACTICE and DEMONSTRATION—**FREE**.

Put up in 4 oz., 10 oz., and 16 oz. bottles, and dispensed by all reliable druggists. Write only for "H. V. C.," and accept no other.


## THE NEW YORK PHARMACEUTICAL CO., BEDFORD SPRINGS, MASS.

A Vitalizing Tonic to the Reproductive System.

# SANMETTO

FOR

## GENITO-URINARY DISEASES.

 A Scientific Blending of True Santal and Saw Palmetto in a  
Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.

## POSITIVE MERIT AS A REBUILDER.

Dose:—One teaspoonful four times a day.

## OD CHEM. CO., NEW YORK.

# FAIRCHILD'S EXTRACTUM PANCREATIS

As a Solvent of Broken-down Ligamentous Tissue and  
Spicula of Dead Bone in the Abscess  
Cavity of Hip-joint Disease.

---

“ Dr. C. D. Jones, of Brooklyn, poured a solution of pancreatic extract (pancreatic extract, 2 dr.; water, 8 oz.) into the abscess cavity of a case of hip-joint disease one week after the operation of excision had been performed. He then wrote me as follows: ‘ The solution was allowed to remain in place half an hour, and the result was remarkable. Upon irrigation, I washed out numerous shreds of broken down ligamentous tissue, and many spicula of dead bone that had become embedded in the soft tissues that had previously escaped both irrigator and curette. The wound was then flushed out with hydrogen peroxide, and this treatment was followed by a marked improvement in the patient’s general condition.’ ”

*Excerpt from Dr. Morris’ paper in “N.Y. Medical Journal,” April 11th, 1891.  
See Fairchild’s Hand-book of Digestive Ferments.*

For Table of Contents see Page 3.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, JUNE, 1894.

[No. II

## TREATMENT OF DYSPEPSIA AND INDIGESTION.

EXTRACT FROM ARTICLE


By J. A. DE C. WILLIAMS, M.A., M.B., BCh., L.M.K.Q.C.P.I. Eng.

"Digestion is a natural process, carried on by natural agents, and the more closely we approximate our treatment to its normal plan of working, the better are the results obtained. This is more particularly shown by the fact that the 'vis medicatrix naturæ' will often accomplish a cure of disease without any extraneous assistance. 'Naturam expellas furcâ, tamen usque recurret.' The first indication in natural treatment is to clear out any offensive or toxic matters; the next is Rest, and this is as necessary for the stomach as for any other part of the body. Sir Dominick Corrigan used to say that a day's fasting did every man good, and it is notorious that the lower animals observe this when suffering from any traumatic or idiopathic affection of the stomach. Lastly, having removed the cause, and re-established muscular energy by quiescence, we must renew the digestive power (which has been lost or vitiated) by promoting secretory action; and, should it lie in abeyance, supply its place with digestive medicines as closely resembling the natural ferments as possible. The medicines used for this purpose may truly be called 'natural,' and a great many remedies have been put on the market (notably many preparations containing pepsin) purporting to effect a cure of dyspepsia. Some of them are little more than pepsin, in a state of greater or less purity. But, as digestion

is the result of action of the saliva, gastric juice, bile, and pancreatic secretion, etc., we require, to perfect it, a medicine which will supply all these elements, as it is often impossible to diagnose which of these substances may be wanting. **LACTOPEPTINE** contains all ingredients necessary to a perfect digestive agent, and I therefore prefer it to all other preparations.'

"A glance at the formula of **LACTOPEPTINE** will convince the most sceptical of the valuable results that must ensue from its administration. Composed of ptyalin, pepsin, pancreatine, hydrochloric and lactic acids, it combines all the digestive agents. Where there is a deficiency in the system of all or any of these agents, **LACTOPEPTINE** will supply the want—so digesting food and enabling the organs that produce these principles to rest and recuperate their relaxed energies."—*Braithwaite's Retrospect of Practical Medicine and Surgery.*

"**LACTOPEPTINE** is a carefully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with the small proportion of acids always present in the healthy stomach. It is a most valuable digestive agent."—**JOHN ATTFIELD, Ph.D., F.R.S., Etc., Prof. of Practical Chemistry to Pharmaceutical Society of Great Britain.**

 SAMPLES FREE TO MEDICAL MEN.

NEW YORK PHARMACAL ASSOCIATION, 30 Wellington Street East, TORONTO.



# FELLOWS' HYPO=PHOS=PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

## To the Medical Profession of Canada . . . .

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

- FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.  
 SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.  
 THIRD.—Its agreeable flavour and convenient form as a Syrup.  
 FOURTH.—Its harmlessness under prolonged use.  
 FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

## DO YOU FISH ?

If so, you should have a pair of our

## FISHING PANTS OR STOCKINGS

... MADE OF ...

**Tan  
Silesia  
Mackintosh**

... OR ...

**Dull  
Finish  
Rubber on  
Drill**

STOCKING AND BOOT FEET



**Canoe Beds**

**Life Preservers**

**Air Pillows**

**Bathing Caps**

**Swimming Collars**

**Rubber Cups**

## EVERYTHING IN RUBBER

THE TORONTO RUBBER CO. LTD.

'PHONE 455

28 King St. West, TORONTO, ONT.

# CONTENTS.

EDITORIALS:—	PAGE	PERSONALS	PAGE
Dr. Campbell .. .. .	381	.. .. .	430
Council Meeting .. .. .	381	OBITUARY .. .. .	430
The Bacteriological Examination of Water—Its Importance .. .. .	382	AN EPITOME OF CURRENT MEDICAL LITERATURE:—	PAGE
Editorial Notes.. .. .	383	MEDICINE: Metastasis or Shifting Elimination as a Factor in Certain Skin Inflammations—Relapses in Typhoid Fever .. .. .	432
PRINCE EDWARD ISLAND:—		The Relation of Phlegmasia Alba Dolens in Typhoid Fever to Typhoid bacilli—The Pathology of Paralysis Agitans .. .. .	433
Hospital Visitation .. .. .	381	Melæna Neonatorum.. .. .	434
MEDICAL COUNCIL MEETING:—		Protracted Anuria .. .. .	435
Proceedings at Meeting of Medical Council of Ontario in June, 1894 .. .. .	383	Guaiacol in Diabetes—Guaiacol Topically in Acute Tonsillitis—Perityphlitis .. .. .	436
MEETINGS OF MEDICAL SOCIETIES:—		MISCELLANEOUS:—	
Ontario Medical Association .. .. .	421	“Sic Transit”—Uterine and Ovarian Pains—Formula for Hyperplasia of the Uterus .. .. .	437
ANNUAL EXAMINATIONS:—		A Remedy for Sneezing—More Bogus Diplomas—For Dysentery—The Practice of Medicine in Maine—The Smallest on Record.. .. .	438
The College of Physicians and Surgeons of Ontario .. .. .	424	Chronic Nephritis—Mental Excitement of Hysteria—For Laryngeal Phthisis with Dysphagia—Pruritis Vulvæ .. .. .	439
CORRESPONDENCE:—		Granular Conjunctivitis—Antiseptic Spray—Rheumatic Sore throat .. .. .	440
Lodge Practice .. .. .	426		
Erroneous Ideas .. .. .	426		
The Correspondence with the Premier .. .. .	427		
BOOK NOTICES .. .. .	428		
PAMPHLETS RECEIVED.. .. .	430		

✉ If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

✉ Subscription \$2 per annum (outside of Ontario and British Columbia).

## The milk supply open to suspicion.

Tuberculosis in cows is very prevalent. The preparation of infant foods with infected milk is dangerous.

## NESTLÉ'S FOOD

meets this emergency, being prepared for use with water only. It furnishes the safest and most nourishing diet for infants obtainable.

Physicians indicating number of samples desired will be cheerfully supplied gratis by addressing

Thos. Leeming & Co., 73 Warren St., N. Y., Sole Agents for the U. S.



# Seeing is Believing

The cured patient is an ocular evidence of her physician's skill. Asparoline Compound will help you, Doctor, to cure Functional Dysmenorrhœa and Leucorrhœa patients. May we send you enough, free, to prove this assertion?

DR. F. C. BRUCE, of Easthampton, Mass., writes us:—

"In a case of Dysmenorrhœa of four years' standing—the worst case I have ever seen—which one grain of Morph. Sulph. would not relieve for more than half an hour, I gave a two-ounce bottle of 'Asparoline,' and it afforded more relief than had ever been experienced from any previous remedy. The second catamenial period following its use was unattended by any pain, and only one teaspoonful was then taken. The patient now describes her periods as painless.

"I have used 'Asparoline' in Post-Partum pains, in Menostasis and in Menorrhagia, and I am convinced that if there is a panacea for uterine and ovarian diseases, 'Asparoline' is that panacea."

## FORMULA.

Parsley seed .....	Grs. 30
Black Haw (bark of the root) .....	" 60
Asparagus seed .....	" 30
Gum Gualacum .....	" 30
Henbane leaves .....	" 6
Aromatic <sup>c</sup>	

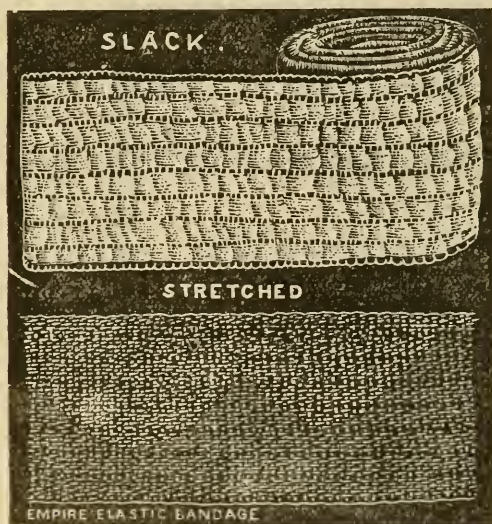
To each fluid ounce.

PREPARED SOLELY BY

## HENRY K WAMPOLE & CO.

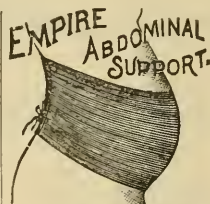
Pharmaceutical Chemists

PHILADELPHIA, PA.



### THE EMPIRE ELASTIC BANDAGE.

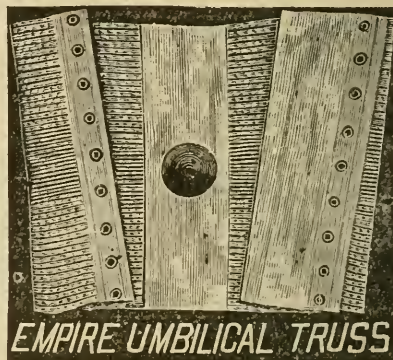
Specially adapted for varicose veins, and superior to elastic stockings. The most elastic and absorbent bandage made. Price, 3 in. x 5 yd., \$1.00.



### THE EMPIRE ABDOMINAL SUPPORTER

Is the best, cleanest, coolest, most comfortable and efficient supporter in the world. TRY IT.

PRICES: 8 in. wide, \$2.50;  
11 in. wide, \$3.00.



The Empire Umbilical Truss is an 11 inch supporter, with button inserted at the navel. Price \$4.00.

The above prices are net to Physicians, postage paid, upon receipt of price. Satisfaction guaranteed.

## EMPIRE MANUFACTURING CO., LOCKPORT, N.Y., U.S.A.



# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Purga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the convolvulus scammonia of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tœnia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
Hyd. Subchlor .....gr. ii.  
Fiat pulv.  
Sig. —. H. S. S. —.

## COMPLIMENTARY TESTIMONIAL:

MESSRS. J. C. GRAY & Co.,  
*Manufacturing Apothecaries.*

TORONTO, JANUARY, 1894.

GENTLEMEN,—I have used your **Vermifugin** frequently as an anthelmintic, and find it very convenient and efficacious.

Yours,

J. T. ROBINSON, M.D.,  
*Resident Physician, Hospital for Sick Children.*

# JOHN C. GRAY & Co.,

MANUFACTURING APOTHECARIES,

TORONTO, CANADA.

N.B.—Price to Physicians and Retail Druggists, \$1.00 per ounce bottle. •

# CALEDONIA SPRINGS, ONT.

Season Reopens June 6th

## ALKALINE SALINE WATERS

THE attention of medical men is called  
to the reputation attained by these  
Waters in . . . . .

## RHEUMATIC

## DYSPEPTIC

## CUTANEOUS

AND KINDRED AFFECTIONS

SOLD BY DRUGGISTS, HOTELS AND GROCERS

For Guides and Circulars, address

GRAND HOTEL CO'Y

CALEDONIA SPRINGS - - - - ONTARIO

# CHOREA!!!

The Profession will find an ideal remedy in **PIL: HÆMATINIC**: (HOWARD'S). It is now established beyond preadventure that Chorea is in reality a paralytic condition. And, while narcotics and antispasmodics are useful in the immediate promoting of rest and sleep, the true and scientific method of treatment is the removal of the paralysis, and consequent restoration of the equilibrium between the motor and inhibitory powers.

**PIL: HÆMATINIC**: (HOWARD'S) really fills a desideratum in the therapeutic field, and will be found unique in its powers and action. All states of Lowered Vitality are benefited in a truly remarkable manner by this favorite formula.

No progressive physician can afford to dispense with the aid of this powerful and efficient remedy in the large and increasing class of cases in which diminished or perverted enervation and lack of nutrition are the objective points for treatment.

A trial is solicited. Sample box to any address for 25c. Price, \$4.00 per dozen boxes; 50c. per box. Dose: one to three pills half an hour after each meal. Correspondence solicited. Strictly professional.

The Dr. Howard Medicine Co. (R'd.)

BROCKVILLE, ONT.

# The CHARLES ROGERS & SONS CO., Ltd.

97 YONGE STREET, TORONTO.



INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc



The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

**SAMUEL C. BENEDICT, M.D.**  
SURGEON.

VICE-PRESIDENT OF THE  
NATIONAL ASSOCIATION OF RAILWAY SURGEONS

RICHMOND AND DANVILLE,  
MACON AND NORTHERN,  
SEABOARD AIR LINE,  
AND  
GEORGIA RAILROADS.

DEAR SIRs:

ATHENS, GA., APRIL 13TH, 1894.

AS PER ENCLOSED, PLEASE SEND ME AN OUNCE EACH OF ANTIKAMNIA IN 2, 3 AND 5 GRAIN TABLETS. IT IS A REMEDY OF MARVELOUS EFFICACY AND PERFECTLY SAFE USED WITH THE PROPER DOSAGE TO AGE AND TEMPERAMENT. ANTIKAMNIA IS EXCEEDINGLY VALUABLE FOR PAIN, PERMITTING ME IN MANY CASES TO DISPENSE WITH PREPARATIONS OF OPIUM.

VERY TRULY YOURS,

*Samuel C. Benedict*  
MIAMI MEDICAL COLLEGE, CINCINNATI, OHIO.

BESIDES "ANTI-KAMNIA" IN ORIGINAL POWDERED FORM, OUR LIST NOW INCLUDES:

ONE GRAIN TABLETS  
TWO GRAIN TABLETS  
THREE GRAIN TABLETS  
FIVE GRAIN TABLETS  
TEN GRAIN TABLETS

• • ALSO • •

FIVE GRAIN  
ANTI-KAMNIA AND QUININE TABLETS  
(2½ GRS. EACH ANTI-KAMNIA AND QUININE)  
AND FIVE GRAIN  
ANTI-KAMNIA AND SALOL TABLETS  
(2½ GRS. EACH ANTI-KAMNIA AND SALOL)

GENTLEMEN:

WASHINGTON, D. C., JAN. 10, 1894.  
SINCE MY FIRST EXPERIENCE WITH ANTI-KAMNIA, NOW NEARLY FIVE YEARS AGO, WHEN I GAVE A DOSE OF ABOUT TEN GRAINS FOR THE RELIEF OF PAIN, I HAVE NEVER HAD CAUSE TO FEEL DOUBTFUL OF ITS ACTION OR BEEN DISAPPOINTED WHERE INDICATED, WHEN THE "GENUINE" DRUG WAS USED.

YOURS RESPECTFULLY, C. E. POSTLEY, M.D.

N. B.—PHYSICIANS PRESCRIBING, SHOULD SPECIFY "ANTI-KAMNIA" (GENUINE), THUS ASSURING DESIRED AND EXPECTED RESULTS.

SINCERELY YOURS,

THE ANTI-KAMNIA CHEMICAL CO.,  
ST. LOUIS, MO.

SAMPLES ON APPLICATION.

## ELIXIR ALETIS CO.—E.B.S.

**STRENGTH.**—Each fluid drachm contains the active constituents of Aletris Farinosa, 10 grains; Viburnum Prunifolium, grains; and Cimicifuga Racemosa, 2½ grains.

**T**HIS combination was designed to meet the requirements of gynæcological practice by supplying a uterine sedative which could be used in place of Potassium Bromide, and which would not be open to the well-known objections that have been urged against this salt. The testimony received since this elixir has been before the profession is sufficient to warrant the assertion that it has fulfilled admirably the required purpose, while a secondary tonic action, due to the Cimicifuga, renders the combination pre-eminently valuable.

Its use is specially indicated in case of a tendency to abortion, and may be continued during the entire period of gestation.

**T. Milburn & Co.,**

WHOLESALE AGENTS,

TORONTO.

**THIS DRIVING LAMP WILL  
BORE A HOLE**



50 F. 100 F. 150 F. 200 F.

**TWO HUNDRED  
FEET DEEP INTO THE  
DARKEST NIGHT YOU  
EVER SAW SEND FOR BOOKLET**

**R.E. DIETZ CO 60 LAIGHT ST. N.Y.**

## Women's Medical College of Baltimore

1100 McCULLOH ST., BALTIMORE, Md.

**A**NNUAL SESSION BEGINS OCTOBER 1, 1894. Three Years' Graded Course. In addition to the usual lectures, quizzes and clinics, personal instruction is given in Obstetrics, Gynæcology, Physical Diagnosis, Laryngology, Ophthalmology, Minor Surgery and Bandaging. Laboratory Instruction in Chemistry, Histology, Pathology and Physiology offers superior advantages to students. For Catalogue, etc., address

I. R. TRIMBLE, M.D., DEAN.





**THE  
DOCTORS'  
AUTOMATIC  
DRIVING  
LAMP**

MANUFACTURED BY **S. L. REEFY,**  
**EDINBURG, ILL. U.S.A.**

A dark-night trip made as safe and pleasant as a daylight voyage. Illustrated Circular on application.

**R. M. MELVILLE**

**General Steamship and Railway Agent,**

**NEXT GENERAL POST OFFICE, TORONTO.**

*TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.*

**TELEPHONE 2010.**

**HOW TO READ** With Comfort  
and Profit  
**HOLLOWAY'S**

READING STAND *and*

DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the Century Dictionary. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



*ILLUSTRATED CATALOGUE FREE.*

**THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.**

**BATES & DODDS,**  
**= Embalmers =**

**931 QUEEN STREET WEST,**

CORNER STRACHAN AVENUE,

**TORONTO.**

**TELEPHONE No. 513.**

**Kenny's Celebrated Hair Restorer.**

**A** VALUABLE East Indian remedy. Restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. **50c. and \$1 a bottle.** Manufactured only by

**SERGT.-MAJOR JAMES KENNY.**

**BRUNSWICK BLOCK**

**370½ College Street, TORONTO.**

For Sale by Druggists and Manufacturer.

—:— Orders by Mail promptly attended to.

Meetings, Etc., Reported . . . . .

. . . . . Examinations taken outside of Toronto

**ALEX. DOWNEY**  
**CHARTERED STENOGRAPHIC REPORTER**

*Official Reporter Admiralty Court  
Official Reporter Col. Ph. and Sur., Ont.  
Commissioner for Quebec  
Commissioner for New York*

**TELEPHONE 421**

**79 Adelaide St. E., Cor. Church St., = Toronto**  
(FIRST FLOOR)

**TO RENT**

FOR A TERM OF YEARS, A

**First-Class Residence**

Specially adapted for a Physician; in one of the best localities of the City.

. . . For Terms apply at . . .

**496 QUEEN STREET E. - TORONTO.**



**The** mental rest and exhilaration that comes through the gentle exercise of riding a wheel—the sense of life and freedom that only a wheelman knows—can be yours if you will. Go thou and buy a bicycle; to learn is easy. **Get a Columbia**—of course you want the best—and in excellence of construction and finish, as well as in beauty of design these famous wheels are vastly superior to those of any other make in the world, while the great variety of models offered for 1894 makes it always possible for us to meet the requirements of each individual case. Our beautiful catalogue should be in the hands of every intending purchaser. Our agents will furnish it free, or we will mail it for two 2-cent stamps.

---

**POPE MFG. CO.**

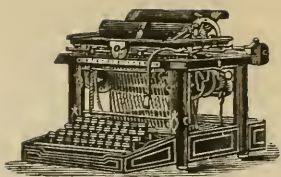
**BOSTON**

**NEW YORK**

**CHICAGO**

**HARTFORD**





# Remington Typewriter



SIMPLE  
RAPID  
DURABLE

## The Medical Profession

Will find no other invention of modern times that has done so much to economize time and to lighten the labours of overworked professional men as the

## Remington Typewriter

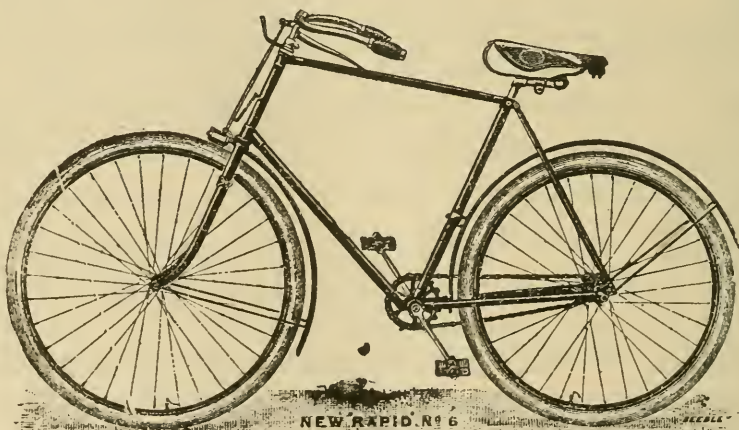
☞ MACHINES RENTED. : OPERATORS SUPPLIED. ☞

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, **TORONTO.**

# PHYSICIANS SHOULD ALL RIDE BICYCLES



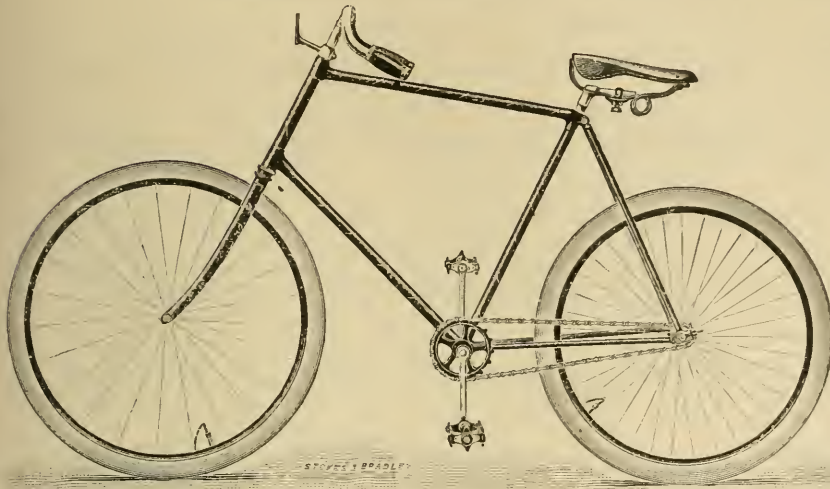
One of our \$110.00 **"NEW RAPIDS,"** with unbreakable spokes

**O**UR BEST RECOMMENDATION IS—ASK THOSE WHO RIDE OUR WHEELS WHAT THEY THINK OF THEM.  
..... SEND FOR BICYCLE CATALOGUE .....

**THE T. EATON CO. LIMITED**  
190 YONGE ST., TORONTO.



# THE KING OF SCORCHERS, HELICAL PREMIER AND RAGLAN CYCLES



are  
UNEXCELLED  
for  
SPEED,  
DESIGN,  
DURABILITY,  
and  
LIGHTNESS.

We have a Cycle at \$15.00, which can be recommended for every purpose, both in Ladies' and Gents' Wheels.

E. C. HILL,  
Manager Cycle Department.

GEO. F. BOSTWICK,  
24 Front Street West, TORONTO.

## CHEMICAL LABORATORY.

**Dr. A. R. Pyne,**

261 Gerrard St. East, Toronto, Ont., is prepared to analyze all specimens of Water, Milk and Urine for the profession and public.

Water, Milk, and Urine qualitatively, each, \$2.00.  
Milk, quantitatively - - - - 2.00.  
Water and Urine, quantitatively, each - 5.00.

*SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF  
URINE FOR INSURANCE COMPANIES.*

Circulars of instruction, with respect to how samples should be procured, will be furnished on application.

**A. R. PYNE, M.B.**

*University of Toronto. Member of the College of Physicians and Surgeons of Ontario; Member of the Faculty of the Woman's Medical College, Toronto, and Lecturer on Practical Chemistry; Licentiate of the University of the State of New York and Albany; Dominion Analyst (by examination).*

## NOTICE TO THE MEDICAL PROFESSION

OF MANITOBA AND BRITISH COLUMBIA.



Our MR. AUTHORS will make his Annual Visit to Manitoba and British Columbia in May.

We would be pleased to receive communications from any Doctors requiring Trusses or Surgical Appliances for diseases of the Spine, Hip Joint, Knee and Ankle Joints, Club Feet, etc., or an Artificial Limb for any of their patients.

MR. AUTHORS is thoroughly versed in all the requirements of the business, and will have with him a large variety of our appliances, and will be pleased to have doctors call and examine the goods. Patients who may be referred to him will receive the benefit of 32 years' experience and skill.

**AUTHORS & COX,**

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses  
and Surgical Appliances.

# SHORTHAND

In order to be of any practical utility must be prepared thoroughly, and the largest business firms in Canada are authority for the statement that nowhere can they obtain such competent assistants as can be obtained from

## **Barker & Spence's Shorthand and Business School**

**12 KING STREET WEST, TORONTO**

If you have a son or daughter, look into the merits of this widely-known school if you wish to have an education imparted in either BOOK-KEEPING and kindred subjects, or SHORTHAND. In addition to their wonderful course in Shorthand, they have also a unique course in

**BUSINESS**

# CANADIAN Medical Practice and Partnership Office.

ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

JUNE 25th.

The following is only a partial list of those  
registered for sale:

## ONTARIO.

- 1—\$3,500 practice, all cash, country town, for cost of property. Railroad Surgeon and 14 best Insurance Companies and Societies.
  - 2—\$1,500 village, best country, rich farmers, good roads, for value of property.
  - 3—\$5,500 good practice in live western town, fine opening for active, ambitious man; \$2,000 first payment.
  - 4—A nice practice in a good, large field, opposition slight, for cost of property—can make \$2,000 a year.
  - 5—\$2,250 in good northern town, excellent chance for young Presbyterian, only the cost of house required.
  - 6—\$2,000 unopposed practice, centre of Ontario, rich farming country, \$500.
  - 7—\$3 000 practice in manufacturing town, special appointments netting over \$500 a year, small opposition, splendid connections, less than cost of property—\$4,000. Cash required, \$1,000. An excellent opening for Methodist or Catholic. Easy terms.
  - 8—\$1,200 practice, unopposed, fine country, \$300.
  - 9—\$1,800 good village and country practice, house on lease \$100 a year, bonus \$250. Good chance for active Presbyterian.
  - 10—\$3,500 in live town—with large country field—splendid pay, good introduction. For cost of property \$3,000, \$1,000 cash, balance on easy terms. Methodist or Presbyterian.
  - 11—\$2,500 a year in town of 1,000 population, for cost of residence and drug store, \$3,500—only \$1,000 ca-h.
  - 12—\$1,500 village and country, unopposed, with drugs and office equipment, \$350.—L-4.
  - 13—\$2,500 rich country village, \$1,000 cash on property, balance to suit.
  - 14—For \$500 cash, residence of retired physician may be leased and good introduction given, where \$2,500 to \$3,000 could easily be made by competent man; in good village and rich farming country.
  - 15—\$4,000 a year in live eastern town, opposition slight, no property to buy. Good introduction and good will, for \$1,000, part cash. Excellent chance for either Presbyterian or Roman Catholic.
  - 16—\$5,000 Finest practice west of Toronto, large thriving manufacturing centre, property on best corner in town, practice \$5,000 a year, hospital and other appointments to purchaser of property. for smart active man of a few years' experience having a little money; \$2,000 first payment.
  - 17—\$2,500 practice, established seven years—village in Central Ontario—near 1,000 population, with introduction for three months—for cost of property and drug store, \$3,500—\$1,000 cash, good appointments, good pay, large field. Reason for transfer, ill health—only one confrere.
- SPECIAL.**—I have an excellent opening, where over \$5,000 a year has been made by one man for years unopposed. It requires \$4,000 to buy property and practice. Good introduction. \$1,000 cash, balance to suit purchaser.

**Locum tenens for practice for one year**, will guarantee \$1,800 income; will accept \$400 payable on easy terms.

**Good openings for Junior Graduates of limited means**, neither property equipment nor bonus required; all these openings from \$1,000 to \$1,500 are sure, \$100 for choice.

**NORTH-WEST TERRITORIES.**—One excellent practice, unopposed, where \$1,500 to \$1,800 can be made, good introduction and office equipment, \$500.

**BRITISH COLUMBIA.**—Good opening in thriving town, mainland, for transfer on very reasonable terms.

**Good opening for young man on Vancouver Island**, in thriving locality, \$450; unopposed; can make \$1,500 easily.

**NEW BRUNSWICK.**—Fine practice, village 500, lumbering centre, no opposition, excellent chance to make \$1,500 to \$2,000.

**Locum tenens.** I have always at the service of the profession three gentlemen, with foreign qualifications, to act as *locum tenens*.

Gentlemen desiring to purchase will kindly specify the class of practice they are able to negotiate.

I am constantly receiving inquiries for *good openings at fair terms*, and would request those having practices of real value, who desire to dispose of them, or to sell a share, or get assistants, to register them without delay. Those desiring to purchase may be assured that *only those practices will be registered* which are of the very best and the details of which are *strictly accurate*.

All communications are strictly confidential.

Letters must be direct from medical practitioners interested, and must enclose stamp for reply; otherwise they will remain unnoticed.

Address—

DR. J. E. WHITE, 185 CARLTON STREET, TORONTO.



ASSESSMENT SYSTEM.MUTUAL PRINCIPLE.If You Knew EverythingThere is to Know About the

# Mutual Reserve Fund

## . . . Life Association

Its Low Rate, Absolute Security and Plan of Life Insurance, you would conclude you could do no better than give your family the benefit of its GENUINE PROTECTION.

Life Insurance at about Half the Usual Cost.

Policies issued to Men and Women at the Same Cost.

Business for May, 1894,

**\$6,131,455.**

An Increase of

**\$1,617,270**

over May, 1893.

Total Business to Date for 1894, - - - - **\$31,888,265.**

An Increase of **\$7,697,070** over same months of 1893.

Death Claims Paid for First Four  
Months of 1894,

**\$1,252,300.**

Total Death Claims Paid since  
Organization,

**OVER \$19,000,000.**

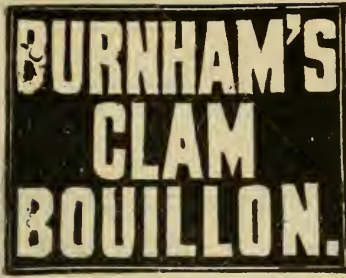
**E. B. HARPER,**

President.

**W. J. McMURTRY,**

Manager for Ontario.

**Freehold Loan Building, TORONTO.**



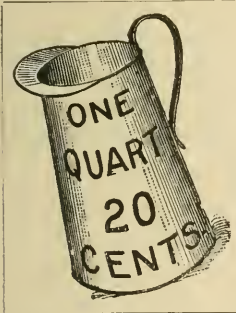
## A Food That Takes One Back To First Principles.

### WHAT IS IT?

Containing phosphorus, lime and sodium, which are essential to the animal organization and vitalization, and furnishes, in its relation to its weight and volume, the greatest possible quantity of nutritive principles. Nutritive principles, as is well known, are thermogenic elements. It satisfies the taste without producing too quickly the sensations of satiety, and contains that valuable property of ease of digestion in the stomach and readiness of absorption in the intestines.

### A PLAIN STATEMENT.

Burnham's Clam Bouillon is **guaranteed** to be strictly pure and free from any antiseptics or preservative whatsoever, and the



manufacturers will pay **\$100.00** to any chemist who, upon analyzing, finds in it any substance not naturally present in the clam. It is more strengthening than milk or extract of beef, is easily prepared by adding hot water, and is much cheaper. You will find it a very acceptable change from the long list of beef and other food

products now offered. **Specify Burnham's Clam Bouillon, which is put up only in glass bottles.** A sample bottle will be sent free to any physician upon application to the

**E. S. BURNHAM COMPANY,**

120 Gansevoort St.,

NEW YORK.

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## **COD LIVER OIL AND IRON**

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

Put up and sold only by

## **Ferrol Manufacturing Co.,**

HEAD OFFICE:

Retail by all Druggists . . .

**205 SPADINA AVE., TORONTO.**



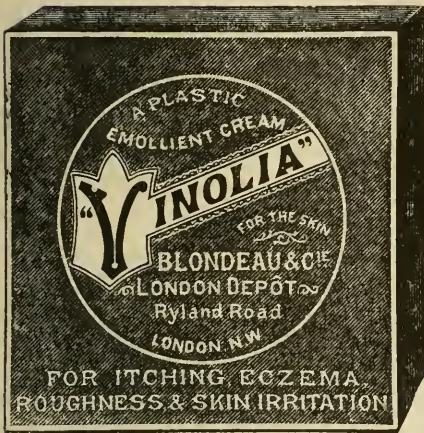
# “Vinolia”

EMOLLIENT  
SAFE and  
PURE

FOR SENSITIVE  
SKINS

# Soap

Premier, 15c.; Floral, 20c.; Balsamic, 25c.; Toilet (Otto), 35c.;  
and Vestal 85c. per tablet.



## “VINOLIA”

THE CHOICEST OF

## CREAMS

For itching, face spots, eczema, chaps, chilblains, skin irritation,  
etc., etc.

**RELIEVES ITCHING AT ONCE**

“An emollient cream for the skin in eczema, rash, eruptions, etc.”—*Lancet*.

50c., \$1.00, and \$1.75 per box.

## “VINOLIA” POWDER

**SOLUBLE, SOOTHING, SAFE**

For Toilet, Nursery, Perspiring Surfaces, Redness, Roughness,  
etc., etc.

“An impalpable rose-dusting Powder; soluble, of remarkable fineness, and well  
adapted for the nursery, toilet, weeping surfaces, etc.”—*British Medical Journal*.

50c., \$1.00, and \$1.75 per box, in Pink, White, and  
Cream tints.



# BLONDEAU & CIE., 73-77 Watts St., NEW YORK

ENGLISH DEPOT, RYLAND ROAD, LONDON, N.W.

## THE NEW METHOD

FOR THE

## ADMINISTRATION

OF

## TOXIC MEDICAMENTS

Diurnules ANDDiurnal  
Tablet  
Triturates.

The principle of this new method of Diurnal Medication consists in dividing the FULL DAILY DOSE into 12 small equal doses, one of which is to be administered every two hours.

It is almost impossible for the practitioner to have at finger's end the ordinary minimum and maximum dose of each alkaloid, glucoside and similar active principles.

“AS AN ILLUSTRATION,” SAYS DR. E. TROUETTE,

“TAKE THE EXAMPLE OF DIGITALIN:

“At the moment of prescribing this substance, one cannot recall exactly the maximum dose in milligrammes which may be given to an adult in 24 hours; one's memory must be very trustworthy to justify the prescription of a dose of 1½ milligrammes; and it is, besides, necessary that chloroformic amorphous digitalin of the Codex be specified, for there are other digitalins—the crystallized digitalin of the Codex, for example, which may not be prescribed without danger in a dose beyond one milligramme. Adding to this the fact that, if the physician specifies nothing, the pharmacist must supply the chloroformic amorphous digitalin of the Codex, what, then, will be the result? Fearing to prescribe a toxic dose, we risk the giving of a quantity inadequate to the purpose in view.

“All physicians are aware that, in order to obtain a rapid and energetic action, it is often necessary to skirt the boundaries of toxicity. A physician cannot possibly, however, have access to his formulary every time he is called upon to prescribe a dangerous medicament; the same hesitation arises at each prescription of a very active substance, unless he confines himself to the use of several drugs comprising his daily routine.

“With this Diurnule method all dangerous medicaments are so divided that, *however toxic*, the maximum dose to be given to an adult in 24 hours shall

be exactly divided into 12 doses. For example, the maximum dose of chloroformic amorphous digitalin of the Codex being 1½ milligrammes, the 12 Diurnules together will contain 1½ milligrammes. For crystallized digitalin of the Codex, of which the maximum dose in 24 hours is one milligramme, each Diurnule should contain one-twelfth of one milligramme, in such manner that, if the physician wishes to prescribe the maximum dose to be divided amongst the 24 hours, he will prescribe one Diurnule every 2 hours, or two Diurnules every 4 hours, or three Diurnules every 6 hours, etc. If it be desired at the outset to give the maximum dose, in certain urgent cases which the physician will alone be able to judge, according to the nature of the patient or of the malady, the 12 Diurnules may be prescribed in a single dose.

“There will thus be no inconvenience arising from the voluntary or involuntary substitution of one digitalin for another; the dosage of each being in proportion to its activity, and consisting of one-twelfth the maximum dose, which will always represent the same action.

“The physician will no longer have to exert his memory to recall the maximum dose of such and such a medicament; he will have to remember only the figure 12—the duodecimal.”

We should be pleased to receive your request for our literature upon this subject, and for samples of both DIURNULES and DIURNAL TABLET TRITURATES.

PARKE, DAVIS & CO.,


WALKERVILLE, ONT.,

DETROIT, NEW YORK, and KANSAS CITY, U.S.A.

# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
AND BRITISH COLUMBIA.

J. A. CREASOR, ASSOCIATE EDITOR. - R. B. ORR, EDITOR.

 All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, JUNE, 1894.

[No. II.]

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### DR. CAMPBELL.

In this issue we present a portrait of Dr. Cl. T. Campbell, of London, the very popular president of last year's Council. His position was very worthily filled, his management of all affairs being equally if not more satisfactory than his predecessors. We congratulate him highly for the able position he has taken among his confrères in this fair province of ours.

### COUNCIL MEETING.

As is well known now, the Medical Council of Ontario met in Toronto on Tuesday, June 12th, the session lasting till well on in the 16th inst. It was the last meeting of the present body so constituted, and is well worthy of record. *Apropos* of the meeting being held at all, we may say that a letter from a member of the Medical Profession was handed us dealing with this subject, which was afterwards inserted in the public press. We had declined the publication of it from purely a moral standpoint, sentiment occupying no place in our actions, but merely because we knew the matter contained in the letter was what tailors call a "dead horse." The subject had been settled some months before; and as our authority we

refer our readers to the correspondence between Dr. Cl. T. Campbell and Sir Oliver Mowat on the subject. Enough said.

The proceedings were inaugurated by a masterly address from the retiring President, dealing exhaustively with the relations of the Council and the Profession, and the actions in general of the Council itself, which will certainly be read by all interested, and indeed should be read by all medical men, whether they take any interest or not.

The principle outstanding Committee, that on Discipline, presented a report dealing with the cases of Drs. McCullough, McBrien and Willson and the adoption of it we feel sure will accord with all views on it. The report of other committees all came in on the last two days and will be dealt with later.

The Printing Committee report, the one which of course interests us personally more than others, was adopted, renewing the contract with this JOURNAL almost unanimously by the Council, some election talk being indulged in rather unworthily by one or more members in dealing with it. We may be wrong in mentioning this, but back handed support seems at times, to say the least of it, peculiar, speaking in connection with a contract such as we have had and have now with the Medical Council. An open enemy we are always glad to hear and answer, but these others are hard to deal with.



From the great want of space in this issue we are reluctantly compelled to hold most of our editorial matter over, the addition of a report of the Ontario Medical Association more than crowding our columns.

### THE BACTERIOLOGICAL EXAMINATION OF WATER—ITS IMPORTANCE.

Water is one of the most convenient mediums for the rapid dissemination of micro-organisms, and this most noticeable in surface water, for it has been demonstrated that a shower of rain diminishes the number of organisms in the air in a most remarkable degree, consequently micro-organisms may thus find their way directly through the air into surface water; also, they may find their way by drainage.

Water proves a medium of great importance; while it contains organic matter putrefactive bacteria flourish. It has also been shown that water bacteria can flourish in distilled water; thus a small quantity of water containing organic matter, such as sewage, may contaminate water for a great distance, and thus prove a ready medium for the cultivation and dissemination of micro-organisms, hence the importance to be attached to proper bacteriological examinations.

Nothing could be more misleading than the quantitative examination, as it is not the number of the organisms but the individual species which may render the water dangerous.

If a sample of the purest water containing, say, 200 germs per cc. be left standing in a warm room for twelve hours you may have instead of 200 germs per cc., 5,000 germs per cc., and the water be just as pure so far as pathogenic organisms are concerned, as the 5,000 will not contain one more specie than it did originally with the 200 colonies; thus it can be readily understood that the number of organisms has no relation to the quality of the water.

It has been said by Crookshank that when water does not contain more than 1,000 organisms per cc. that it is fit for drinking purposes, but it must be borne in mind that this 1,000 may contain a number of pathogenic organisms. Whilst, on the other hand, 5,000 colonies in the same water might not contain one single pathogenic organism. It has been proven and unanimously agreed upon

by bacteriologists that no general biological examination of water will give us any reliable information or indicate the fitness or unfitness of water for drinking purposes with any accuracy.

The number of liquifying organisms has indeed been given by some as a more accurate method, but to obtain such information a more rigid examination of the species must be carried out. A much safer rule than that followed in Toronto—which, by the way, is not only misleading but unnecessarily alarming—would be to take the different species of organisms in the water as indicating its purity or impurity, for it would follow that in a considerable number of species there must be several centres from which these are derived, each additional source being in itself an additional source of danger. After examining 400 spring wells and streams, M. Megula concluded that when there were more than 10 species present in any sample the water was unfit for drinking purposes, in only 50 out of the 400 examinations was such a number found, while 160 contained more than 1,000 colonies per cc., 66 of these having over 10,000 per cc., and in 40 over 50,000 per cc. He found in all 28 species and observed that the number of colonies does not in any means correspond with the number of species. He concludes by stating the only perfect and reliable method is to examine each species by itself and to examine carefully any organism that bears the slightest resemblance to any of the pathogenic species. This, in itself, is necessarily a very difficult task, as from each colony drop cultures and tube cultures must be made, and if any fail to grow thus they must be again tried in an atmosphere of hydrogen, and treated as non-erobic organisms, and if any doubt still remains they must be passed through animals and thus all doubt may be removed if Koch rules are carefully followed. The present methods of examinations are tedious and difficult, but are finally eminently satisfactory as compared with the earlier methods of merely counting the colonies.

No town should establish a water-works' system without the question of purity of the supply both chemically and bacteriologically having been established, and its purity thus established, it must be constantly watched to prevent contamination, as in this way infectious diseases are most frequently transmitted.

## EDITORIAL NOTES.

We present to our readers the obituaries of two well-known medical men, Dr. G. E. Fenwick, of Montreal, and Dr. A. G. Fenwick, of London. Each, in his own sphere, has left a gap hard to fill up, both being university professors, the former an emeritus and the latter an active one, at the time of their deaths. Sincere sympathy is expressed on all sides for their relatives, although they must feel that both doctors fulfilled their missions in life. Dr. G. E. Fenwick was known in his college as "the man with eyes at the ends of his fingers," and truly deserved the appellation.

In an issue a few months ago we dealt with the question of the procuring of vaccine. At the meeting of the Council Dr. Logan brought up a very strong resolution on the subject, which was ably discussed. Governmental control and inspection were urged, with some method of supplying physicians with information as to the method of cultivating (if we may use the word) and the purity of the vaccine. This is certainly a move in the right direction, and if the entire profession would stir up our politicians, something of advantage to the whole public would be the outcome.

The law dealing with the sale and registration of poisons by druggists evidently needs some radical changes in it. There are some drugs which should not be sold without a doctor's order, and in some cases, indeed, even with that requisite, the circumstances should be closely inquired into if poisonous quantities are given. The celebrated Hooper case is one in point, and we can hardly speak strongly enough with regard to the sale of prussic acid. Indeed, just a day or so ago, a very deplorable suicide occurred in Toronto by an ignorant and possibly criminal man being sold an ounce bottle of this drug simply on the excuse that he wished to use it to rub on his horse's foot. Surely some legislation in this particular can be undertaken, prussic acid being not the only poison that should be included.

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

### HOSPITAL VISITATION.

During a recent visit to Ottawa we were, through the kindness of Dr. F. A. Rogers, member of the Ontario Medical Council, shown through the wards of the Protestant Hospital at Ottawa. It is a fine institution, and the accommodation and equipment everything that could be desired. The resident physician, Dr. Chapman, showed us much kindness. The cases were interesting, and the records showed the institution was doing good work. We were also permitted to witness an operation for soft cataract by the specialist of the institution, Dr. Horsey. The doctor is a first-class operator, and our interest in the success of his operation would desire to see a report from the doctor's pen, as he is well qualified to give the same. It was also our privilege to visit McGill College, Montreal, and meet the genial Registrar, Professor Ruttan. We were shown through the various departments and lecture rooms by Mr. Wickham, from Prince Edward Island, a fourth-year student well up in his classes. The engineering department was beautiful; thence we visited the Royal Victoria Hospital, an institution of which Montreal may well feel proud. There were not many patients to be seen, but the accommodations are unsurpassed on this Continent. The kitchen, store department, laundry, we had the pleasure of seeing, and language would fail us to describe the beauty and systematic order with which everything is being carried on. We then passed through the Montreal General Hospital, and, although it is not as fresh as the Royal Victoria, it is a fine institution. It is, doubtless, the one that did the most service for the College and its students, and will for many a year to come. Montreal has good hospitals, and no scarcity of patients. The Registrar of McGill College informed us that they raised their course to four years of nine months each. This ought, of itself, to convince the Legislatures and friends of higher medical education that the colleges will not in future oppose legislation on this subject. The narrow limits of legislation in our province last session, confining us to four years of not less than



six months, will necessitate a fresh appeal to the Legislature, provided Ontario and Quebec will, at the next meeting of the Canada Medical Association, agree upon a uniform curriculum of studies and examination for the professional license after graduation.

We always felt that the right thing to do is to have the matter of curriculum of studies regulated by by-law. This would enable a fusion to take place without any friction, and would lead to one board of examiners for the whole Dominion. It would be an easy matter, then, to secure reciprocity with Great Britain, as they would recognize the Central Board for the Dominion, but not the fragmentary Provincial Boards.

As the Canada Medical Association meets at St. John, N.B., on the 22nd and 23rd of August next, it is to be hoped the good sense of the profession will prevail, and that the delegates from each province will return and carry into effect the principles then agreed upon, and that we will cease hearing members of our own profession misconstruing a question of higher medical education into one of "monopoly" and "close corporation." When own friends advance such absurd ideas it is any wonder that non-medical men in the Legislature grasp at such with an avidity to defeat our aims and objects entirely.

---

### Medical Council Meeting.

---

#### PROCEEDINGS AT MEETING OF MEDICAL COUNCIL OF ONTARIO IN JUNE, 1894.

MEDICAL COUNCIL BUILDING,

TORONTO, Tuesday, June 12th, 1894.

The Medical Council of the College of Physicians and Surgeons of Ontario, met this day, Tuesday, the 12th of June, 1894, at 2 o'clock, p.m., in accordance with the by-laws of the Council.

The President, Dr. C. L. T. Campbell, in the chair, called the Council to order.

The Registrar called the roll. The following members were present :

Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Harris, Henderson, Henry, Johnson, Logan, Luton, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrugh, Ruttan, Thorburn, Vernon and Williams.

Dr. BRAY.—Mr. President, it is customary before the President leaves the chair, when a new member is elected, to appoint a Committee on Credentials, so that he may have the privilege of voting at the election of officers. We have to-day a new member here, Dr. Moorhouse ; and I move that a committee, consisting of Drs. Day, Johnson and Rosebrugh, be appointed to

examine the credentials of the member-elect for the Western University.

The President put Dr. Bray's motion, and the committee above-named retired and returned and, through Dr. Bergin, reported the appointment of Dr. Moorhouse as the representative of the Western University. And on motion the report of the Committee was adopted.

Dr. GEIKIE moved, seconded by Dr. Day, that this Council expresses its deep sense of loss sustained in the removal by death of the late Dr. Fenwick, the representative of the Western Medical College of London, Ontario, in the following words :

"The Council desires to place on record the great respect entertained by all its members for the deceased gentleman during the many years he was a member of its body ; and also desires to have communicated to the family of the deceased gentleman their sincere sympathy under the very sudden and great loss they have sustained."

The motion was then put by the President and carried unanimously by a silent standing vote.

Dr. Edwards, a past president of the Council, now entered the room, and was invited by President Campbell to a seat on the dais.

Dr. C. L. T. CAMPBELL now addressed the Council as follows :

#### PRESIDENT'S ADDRESS.

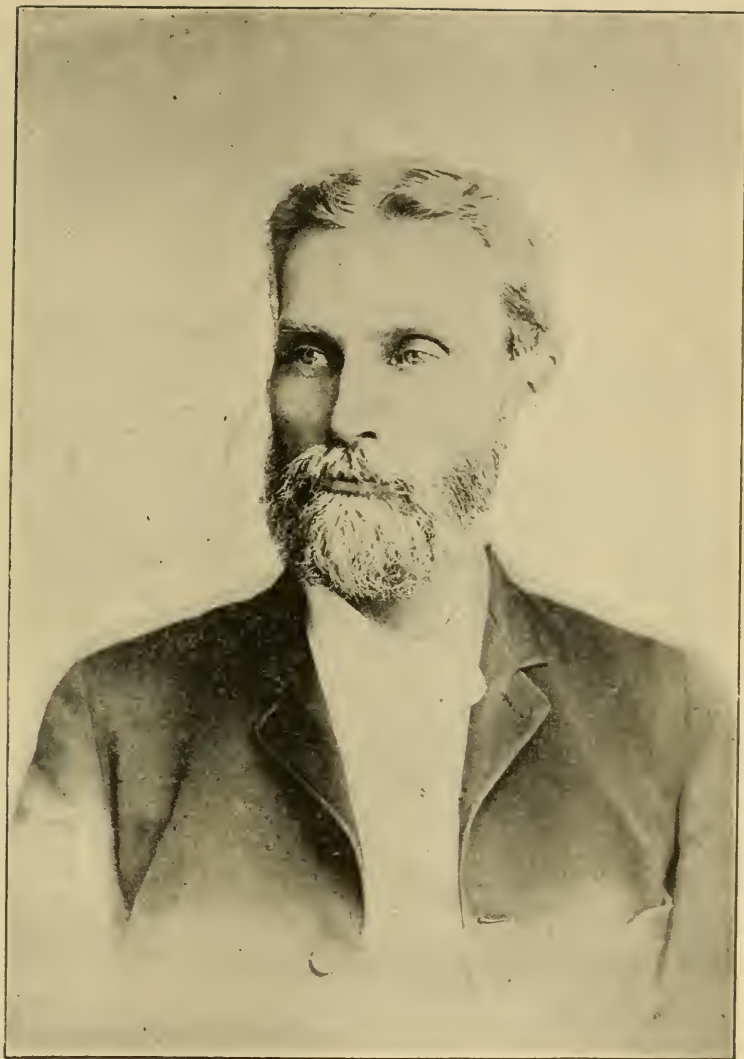
*Gentlemen*,—I am pleased to meet you again, and welcome you to the Twenty-ninth Annual Session of the Medical Council of Ontario.

Before proceeding with the consideration of business, I know you will join with me in taking the earliest opportunity of expressing our sorrow over the absence of a familiar face—that of the esteemed representative of the Western University, Dr. A. G. Fenwick, who died after a few hours' illness, on the 14th May last, at the ripe age of 76 years. For twelve years he had been an honored member of this Council, and had endeared himself to his associates by his kindly heart and genial disposition. Though unobtrusive in his manner, he was ever faithful in the performance of his duties, and while watching the interests of his own constituency, was no less careful of the interests of the profession. After fifty-four years of honest and efficient service as a practitioner and teacher of medicine, he has gone to a well-deserved rest. *Sit ei terra levis!*

Serious doubts appear to have existed in the minds of a few members of the profession as to the propriety of our holding this session before the general election—some of the doubters being among those who have been friendly to the Council, as well as among those who have been our uncompromising critics. To these latter, it is possible no explanation would be satisfactory ; but in justice to ourselves the situation should be defined.

The amended Act of 1893 provided that an election under the new law should take place in 1894. It appeared to us that this was inserted in





DR. CL. T. CAMPBELL,  
*President Medical Council of Ontario, 1893-4.*



the Act to indicate clearly that the then-existing Council was to complete its term under the old law; otherwise, an election would have been ordered for 1893. And we were assured by our friends in the Legislature that such was the intention. To make the matter more certain, however, I submitted the question to our solicitor, and, as you are aware, his opinion agreed with ours.

But during the summer of 1893 there was considerable discussion in the newspapers and medical journals; and the opinion was advanced by some of our friends that, whatever the literal reading of the Act might be, the intention of the Legislature was to terminate the old Council with its session of last year; and that we should not take advantage of any legal technicality to prolong our existence. Under these circumstances, it seemed to me advisable to secure an opinion which could be accepted as decisive, and for that reason I submitted the matter to the head of the Government, who was also the chairman of the Committee of the Legislature having the medical bill in charge. In doing so, I assured him that "the Council has no desire to do anything but carry out the wishes and intentions of the Legislature; and though a literal reading of the Act might authorize our holding a session next year before the election, I do not think a single member could be found willing to take advantage of it if he thought it was in conflict with the spirit and intent of the law." The answer I received was to the effect that the Premier "had no recollection whatever" of any intention being expressed that the old Council should not hold its usual spring session in 1894, before the election. "And," he added, "if such intention had been expressed, and I so understood, I should certainly have put words in the bill to carry it out."

The assertion in the lay organ of our opponents that we *asked permission* of the Premier to hold the session in 1894 is untrue; and equally untrue is the assertion that permission was only granted "provided it confined its legislation to essential matters with regard to which the next Council would probably be at one with it."

In view of the emphatic statement of the Premier, it is quite evident that the Council could do no other than it has done. While the members might be unanimous in desiring a general election at the earliest possible moment, the law gives this body no power of voluntary dissolution. It cannot go out of existence whenever it desires. It must run the full period prescribed by the Medical Act, and only terminate its existence in due course of law.

It will be your duty at this session to make provision for an election which shall return a new and enlarged Council; and which, it is to be hoped, will set at rest the perturbed spirits of some members of our profession. During the last three years

this body has been made the object of assault by a number of gentlemen whose indignation appears to have slumbered long, and on that account, probably, was the more virulent when it awoke. For years past, according to these gentlemen, the Medical Council has been pursuing an obnoxious course, trampling on the rights of individuals, squandering their money, and betraying the trusts reposed in it. Yet all this time no voice was raised in condemnation. Several elections occurred, but no champion took the field against the iniquitous Council. If it were guilty of all that has been charged against it, these latter-day critics winked at every folly, and condoned every offence. But when the Council secured legislation to enforce the payment by delinquent members of the College of their just dues to the governing body of the profession, then suddenly the eyes of these critics were opened to our conduct, and they commenced an agitation which has been characterized by more vituperation and misrepresentation than any political campaign within the memory of the present generation.

The Council has endeavored to meet this assault by giving the fullest explanation of its course, and by supplying all the information at its disposal—including detailed statements of its transactions for the past twenty-five years. It has been asserted—and the assertion has been repeated up to the present time—that the Council has been unable or unwilling to make any reply to the charges brought against it, and that it has allowed its case to go by default. You know that this assertion is incorrect; and so do the men who make it. The addresses of President Williams and others, the detailed financial statement, the letters and articles in the *ONTARIO MEDICAL JOURNAL*, the stenographic reports of our discussions printed in the *College Announcement*, have all been sent to every practitioner in the Province. It is true, we have not utilized the general newspapers. That has been the preferred medium of our opponents. Our response has been to the profession, and through professional channels.

Further, the Council in its desire for harmony, in its willingness to meet all reasonable objections, and in its confident belief that it had the support of the profession, consented to leave the penalty for non-payment of assessments in abeyance until after the next election, and agreed to certain changes in the composition of the body in the direction indicated by its critics.

But this would not serve. Our antagonists seemed afraid to await the verdict of the profession; they preferred to get legislation first, and go to the profession afterwards. They took the position that as a class physicians were incapable of self-government; that we could not settle our own affairs by our own representatives, but that an



appeal must be taken to the lawyers, farmers and merchants of the Legislature before even the opinion of the doctors was taken. The Legislature accepted this view of the situation, and our opponents were to some extent successful. At the same time the changes made in the Medical Act in 1893 were all in line with the avowed sentiment of the Council; and while certain clauses might be objectionable to individual members, or to special interests herein represented, yet there is little doubt that with the exception of the gerrymandering of the constituencies, the entire amended Act would have received the support of a majority of the Council.

But against some of the details of the rearrangement of the divisions, the Council has, and does protest—as being evidently intended to prevent the re-election of some of our best members. This should have been remedied at the last session of the Legislature; and it would have been, had the medical opponents of the Council in that body consented. But they gave palpable proof of the real object of the gerrymander by refusing to agree to the slightest alteration. In view of the decided objections raised by our friends in the Legislature, as well as other members, to a reopening of the medical conflict until after the general election, it was thought advisable not to seek any amendments to the law until we could go with renewed authority from the profession.

The Council now approaches the most important election ever held—important not only because of changes that will be made in the constitution of the body under the new law, but important because the profession at large will take greater interest in the choice of their representatives than ever before. It may not be amiss, therefore, in this, the closing session of the Council, as constituted by the Act of 1874, to take a brief retrospect, sufficient to enable us to answer the question whether as an organization we have to any reasonable extent accomplished the object of our existence.

That the Medical Council has been an infallible body no one has claimed—least of all, the members themselves. We have never claimed to be above criticism; nor have we professed to be any better than the constituencies we represent. The Council, in the shape in which it has existed since Confederation, may, during that time, have made mistakes, as all representative or appointed bodies may do. It denies nothing it may have done, and has no apologies to offer. But it does claim, that honestly and faithfully, biassed by no improper prejudices and influenced by no unworthy motives, it has tried to advance the best interests of the profession and of the public.

It is fortunate that the same legislation will conserve the interests of both these classes, otherwise physicians would receive scant attention from the

average legislature. It is possible that somewhere laws may have been enacted by the civil authorities for the sole benefit of doctors, but I have seen no record of so remarkable a transaction. The first medical legislation in Canada—the Act of 1815 (55 Geo. III., Chap 10)—struck the key-note of medical laws. It was enacted, it expressly states in the preamble, because “Many inconveniences have arisen to His Majesty’s subjects in the province from unskilful persons practising physic and surgery.” It was a law in the public interest; and so have been all medical laws since that day. Fortunately, the public interest can only be conserved by laws which will to some extent benefit the profession.

Prior to the organization of the Medical Council, professional matters were practically under the control of the colleges. There were separate examining boards for those not holding a Canadian or English diploma; but by far the greater proportion of our physicians were of the latter class; and the boards had no control over the curriculum which was enforced upon the applicants who came before them. The colleges fixed their own curriculum to suit themselves; and the college diploma entitled its holder to the provincial license. Our critics who accuse these bodies to-day of usurping powers to which they are not entitled, and of exercising undue influence by means of their representation in the Council, are, under the most charitable view, ignorant of the history of medicine in Canada.

Without enquiring closely as to the origin of the Council, or discriminating as to whom credit is specially due, this may be said, that the various colleges and examining boards in Ontario deserve the gratitude of the profession for surrendering the rights they possessed under the old law, a surrender necessary to make the Council a success, but which they were strong enough to resist had they been so disposed. Without their consent the Council would never have been organized. And if the profession is disposed to admit that a united corporation, with full powers of self-government, is of any benefit to us, it would be but a poor return, either to harshly censure or attempt to injure those to whom we are so largely indebted for whatever of value we now possess.

It should not be forgotten that the Council is a coalition. It is a federation of several bodies having an independent existence, with equal powers. These powers were surrendered under well-defined conditions. For example: The homœopathic physicians had their own examining and licensing board. They consented to its abolition on condition that they should have a certain representation in the Council. They were to have five members, while the profession at large had twelve. It was never claimed that they were receiving representation according to actual numbers. That

was not a matter for consideration at all. The homœopathic physicians in Ontario might have been equal in number to all other physicians, or they might have been only one-tenth, or one-hundredth. The point was, that they, as a body, had equal powers with any other class of physicians as a body—that the Homœopathic Board was in every respect equal to any other board or body, so far as conferring licenses was concerned. The Council was, with regard to the homœopaths and other physicians, a coalition of equal bodies. And the homœopathists might, with justice, have insisted on equal representation as a condition of union. The various colleges were in a similar position. They surrendered their rights in consideration of the representation given them in the Council; and they might have demanded that the collective collegiate representation should be equal to that of the profession collectively. That these various independent bodies consented to a smaller representation in the Council than the profession at large, should not, in fairness, nor in honesty, be utilized to-day to their disadvantage, nor made the basis of an argument for a further reduction of their strength.

The statement has been made that on account of excessive representation, the colleges and the homœopathists have a predominating influence in the Council, and that the territorial representatives are in such a minority that the profession at large is powerless, and is practically unrepresented. The men who make this statement either know that they are saying what is not correct, or else they are ignorant of the proceedings of this body. The best evidence of the untruthfulness of the charge can be found by examining our records. I have been unable to find, during my connection with the Council, a single instance in which the college representatives and the territorial representatives were ranged in full opposition to each other. There has been no important action taken to which the majority of the elected representatives were opposed. As an illustration: The acts of the Council most criticised—the annual assessment and the penalty for its non-payment—have received the unanimous support of the present territorial representatives. The facts in this connection have been misrepresented, and the course followed in this case is indicative of the general style of argument used by the more violent critics of the Council. It has been stated by these gentlemen, in the medical press, that on the motion to secure this law, thirteen voted for it, only five of whom were territorial representatives, the other eight being college men and homœopaths. And the inference, of course, is that these eight last-mentioned are the parties responsible for the law. But those who use this argument, omit altogether to mention that only one territorial representative

voted against the law, and he not now a member of the Council; while three college representatives were in the opposition with him. The facts are, that the proposition was initiated by the territorial representatives, and received the support of all but one, while the college representatives were equally divided—three for and three against. As to the homœopathic representatives, they voted for it mainly because it was the wish of the territorial representatives, and they had no disposition to oppose a proposition that seemed to be the almost unanimous desire of the profession generally. Had they joined with the college representatives in voting against the law, there might have been some ground for the charge that is now so freely made as to the unholy alliance between them.

Let me make another statement in this connection. There has been no instance in which all the college representatives voted together—unless where there was a practically unanimous vote of the Council. The most important question that has been before us of late years was the advance in the curriculum of 1892; and on such a question, if on any, the colleges might be supposed to have a special interest that would lead them to unity of action. Yet here they were equally divided—four voting for the advance, and four against it. The fact is, that while there are three separate constituencies represented in the Council, there has never been during my connection with the body any attempt at legislation in the special interests of one class as opposed to the interests of any other class. But one single purpose has always governed the actions of the majority of the representatives of each class, and of a majority of the Council, and that has been to advance the interests of the profession and the public.

Twenty-four years have passed since the Council was organized as the sole governing body of the profession; twenty-eight years have passed since legislation on the lines of the present Medical Act was initiated. What has the Council done in that time to justify its creation? What has it done to entitle it to the confidence of the public?

In the first place it has accomplished whatever of good may be expected to accompany a more advanced standard of medical education. Before the time of the Council there was no uniform curriculum; and the highest in the Province was far below what we have to-day. Then, the only matriculation examination was such as the colleges required—at most, a fair common school education with a smattering of Latin; while those who came before our examining boards from colleges outside of Canada might possibly never have passed any literary test whatever. Now, a University Arts matriculation as prescribed by Government is compulsory. Then, three years spent in ostensible medical study was sufficient; now, five years



are imperative. Then, one could be licensed to practise medicine who had attended but two college courses of less than six months each; now, four sessions of six months each, and one of three months is demanded. Then, examinations for diplomas and licenses were conducted with varying degrees of mildness; now, they are both practical and thorough.

This is the natural result of having one door of admission to the profession, through which all must pass. Before the time of the Council these doors were innumerable. There were three separate examining boards; there were a number of colleges in Canada authorized to grant degrees in medicine; and the certificates of the boards and the diplomas of the colleges all entitled their holders to the provincial license. And, in addition, the diploma of any medical college in the British Empire was recognized as well as our own. It would have been impossible under the old regime to have had a uniform curriculum. And while, even under this state of affairs, the standard of medical education might have advanced to some extent, yet, so far as individual licentiates were concerned, the advance would have been largely optional, and the imperative curriculum would have been no higher than the lowest that would satisfy any one of the innumerable examining boards whose certificates were recognized.

The Ontario Medical Act gave to this Council the control of medical education. It has neither neglected to use its power, nor has it used that power rashly; but, intelligently and discreetly, as rapidly as public sentiment would sanction, it has been continually raising the standard higher and higher, until now we are far in advance of any country on this continent, and equal, if not superior, to the Motherland.

The Council has further benefited the profession by securing power to deal with unlicensed practitioners—the uneducated and incompetent men who prey on the public. This power has been so effectually exercised that I doubt if there is an English-speaking country anywhere that contains so few of this obnoxious class of people as Ontario. Then there were the licensed quacks—men who were registered, but who were disgracing their calling by adopting the dishonest methods of the charlatan. Ontario is the only part of this continent where men of this description can be punished by the withdrawal of their right to practise. The Council deserves the gratitude of the profession in that it has secured the power to discipline these men, and has used that power to the extent of purging our ranks of some of them, and of exercising a salutary restraining influence on others.

In addition to these benefits, the Council has endeavored to secure from the Legislature such

other rights and privileges as would be to the advantage of the profession; and while we have not been able to obtain all that we desired, we have been to some extent successful. The physicians in every territorial division may now adopt a tariff of fees, which, on receiving the sanction of the Council, defines the legal charges that can be made for our services, without leaving that matter to be decided in each disputed case solely by judges and juries at their discretion. So, too, the law now limits the period during which action for malpractice can be brought against a physician to one year from the date when the services complained of were rendered.

These are some of the benefits which Ontario physicians have received through the Council. And more might have been obtained, had there always been that unity of action on the part of the profession and that loyal support of its governing body which characterizes people of other occupations.

As against this favorable record the critics of the Council find ground for complaint mainly in two matters—the annual assessment, with its penal attachment, and the erection of a building in Toronto. The personal charges against members of the Council do not require an answer here.

In order to maintain a revenue sufficient to meet all its requirements, the Council, under the Act of 1874, has levied an annual assessment, sometimes one dollar, but never exceeding two. And because certain physicians persistently refused to pay this assessment, being willing to accept all the benefits derived from their membership in the College of Physicians and Surgeons, while refusing to bear the trifling burdens that membership imposes, the Council secured power to remove from the register the names of delinquents until such time as they should liquidate their indebtedness.

This proceeding was not, as has been claimed, unprecedented. The power secured by the Council is nothing more than that which is exercised by all corporations. Every association has the right to fix fees to be collected from its members for necessary expenses, and to suspend from membership those who do not pay. A notable example is that of the Law Society of this province, which taxes every lawyer \$17 per annum, part of which only is returnable to him in printed matter; and the non-payment of this assessment results in the suspension of the delinquent, who loses all the privileges of his profession, besides being subjected to the penalty of a heavy fine.

Nor is this unknown in the medical profession of the other provinces. I have not at hand the various statutes of the provinces, but if the medical laws as printed in Powell's "Doctor in Canada," edition of 1890, are correct, the following facts are apparent: In New Brunswick, sec. 5 of the Act of



1882 requires each registered practitioner to pay an annual fee of not less than one, nor more than two dollars; and sec. 2 of the Act of 1884 gives power to erase from the register the name of every man who does not pay his fee—being exactly the law subsequently adopted in Ontario. In Quebec, clause 3,986 of sec. 2, chap. 4, revised statutes, fixes a fee of two dollars a year; and clause 3,994 deprives of all his professional rights the physician who does not pay. The Manitoba Act, sec. 15, calls for an annual fee not exceeding five dollars, recoverable with costs in a county court; and sec. 22 of the amended Act of 1888 debars the delinquent from voting at Council elections. The North-west Territories Act is similar. In British Columbia, sec. 53, chap. 81, fixes an annual fee of ten dollars and provides for the issuance of an annual certificate. So that this so-called "outrage" appears to have been perpetrated elsewhere without awakening any serious indignation.

But it is claimed that not even the Legislature can give the Council power to deprive a physician of his license for the non-payment of an annual assessment; that he has a vested interest in his license which cannot be successfully attacked, unless, possibly, for felony on his part. Speaking on this subject, elsewhere, I have said that "this opinion is based on a confusion of ideas as to the respective rights accruing from the possession of a diploma and a license. A man may be said to have a vested interest in his diploma, which is a certificate of scholarship, and nothing more. But no man can claim to have or to hold a license to carry on any business in a community, no matter how laudable that business may be, except on such reasonable conditions as the community may impose. In this province, the people, acting through their representatives in the Legislature, constitute the only power that can authorize a man to practise medicine. They have exercised their power by the enactment of certain laws, and only by obedience to the laws so enacted, whether by the Legislature, or by the Council's action on the authority of the Legislature, can any person obtain or retain a license. And the same power which granted a license may, for good cause, such as the refusal to obey its requirements, suspend or revoke that license."

Every physician practising in Ontario to-day, whether he graduated fifty years ago or five years ago, is practising solely by virtue of his membership in the College of Physicians and Surgeons, and of his registration by this Council. He has acknowledged the authority of this body by applying to it for registration, by paying the fee required therefor, and by receiving its license. He has availed himself of all the privileges granted under our license, even to the extent of voting for members of the Council, of holding membership in it, and

of acting as its paid examiner. It is too late now for anyone to repudiate the authority he has hitherto recognized, or to attempt the evasion of the duties imposed by that authority while availing himself of all the rights and privileges it accords.

Of course, while the action of the Medical Council in this matter was legitimate and *intra vires*, I am quite well aware that there may be honest differences of opinion as to its expediency. And in regard to that I do not propose at present to say anything. The Council acting for the profession, and in the interests of the profession, did what it thought best. If the profession disapproved of that action, the remedy could have been easily applied on the day of election. Had a majority of territorial representatives been returned in opposition to the annual assessment law, it would have been repealed; for the collegiate and homœopathic representatives would have had no object in opposing the wish of the profession at large.

And the objection we take to the conduct of our critics is that, instead of appealing to the medical electorate, and settling our affairs in our own corporation, they appealed to the non-professional element in the Provincial Legislature. Of such conduct I have previously expressed a strong opinion. My words in this connection have been misrepresented; and I am accused of insulting the profession. Let me repeat them, therefore, so that I may not be misunderstood: I said that to go to the Legislature for a redress of grievances, real or supposed, in connection with matters which our own representative body was capable of deciding, was to make the humiliating confession that we are incapable of self-government. And, "*if that be so*," I said, "then the logical conclusion would be that the profession should abolish the Council and place the profession in charge of the Education Department, which attends to the needs and requirements of children, or else hand us over to the Inspector of Charities, who looks after the interests of the feeble-minded." And I am of the same opinion still.

The other leading charge against the Council is that it has gone into real estate speculation, and erected a large and expensive building in Toronto, which was not required. Now, the wisdom of the Council's building operations is a legitimate object of criticism, and opinions may differ thereon. The majority of the members of the Council are of the opinion that it was in the interest of true economy, and for the facilitation of the business of this body to erect a building which would not only give us the accommodation required, and which we could not secure otherwise, but would also be in time a source of revenue sufficient to relieve the profession from the trifling burdens hitherto imposed upon it. Others

have a perfect right to hold a different opinion. The Council may have been, and may be, mistaken in its views on this matter. Presumably, the members of the Council, knowing its necessities, and being required by virtue of their office to give its affairs special consideration, should be not less competent to form a correct opinion, or initiate a wise policy, than those gentlemen who have had no responsibility in the medical administration, and who confess now that in the past they have been either ignorant or indifferent. Admit, however, for the sake of argument, that we were wrong, and that this building was not necessary, yet the fact that it could to-day be sold, leaving the Council with a large cash balance as a result of the operation, may be accepted as an indication that we have not been unfaithful or imprudent trustees, and that the profession has not suffered loss by our management of its affairs.

But I wish to point out in this connection that whether it was right or wrong, the present representatives are not to be held responsible for the erection of the building; for it was constructed and occupied before our election in 1890. The necessity for a building of its own was recognized by the Council at an early date in its history. But the first movement was made in 1878, when it was moved by Dr. Browse (a territorial representative), and seconded by Dr. Grant (at that time a territorial representative), that a committee be appointed with power "to erect or secure a permanent building" for the use of the Council. The result of the appointment of the committee (a majority of whom were territorial representatives) was the purchase for \$13,500 of the site we now occupy, with the church building that then stood upon it. So far as the records show, this action was acquiesced in by the entire Council, including one gentleman who to-day is denouncing our "real estate speculations."

The old building was utilized for a time, but with the increasing work of the Council, was found to be insufficient for its needs, while its general appearance was stigmatized by medical men not in the Council as a disgrace to the profession. In 1882, it was moved by Dr. Allison, seconded by Dr. Burns (both territorial representatives), that "in consequence of the present college building not being properly adapted for the purposes for which it was originally intended by the Council, it is deemed desirable that said building should be sold, and the proceeds applied to purchasing grounds and erecting a building thereon; or to wait on the Government and ascertain whether the Government would be willing to assist in carrying out the above scheme, or any other plan that may be deemed expedient." And a committee was appointed to consider and report on this matter. This committee reported progress at the session

of 1883, and was continued year by year, with much discussion at each session of the Council as to the best way of carrying out the original instructions, but without action on account of the difficulty of disposing of the property at a sufficient valuation. In 1886, the committee reported in favor of erecting a building on the old site. The report was adopted, and on motion of Dr. Bray (a territorial representative), the committee with the treasurer, was empowered to proceed with the work, according to plans selected. And in 1888, the work was completed, and the building occupied.

Now, it has been charged that the Council, without the sanction of the profession, and being instigated and influenced by the collegiate representatives, unlawfully and unwisely erected an extravagant building. The facts are, that every movement in the Council in favor of securing a building, from first to last, was initiated by territorial representatives, and was sanctioned by the profession. The original property was purchased in 1878; an election was held in 1880. No objection to the action of the Council was taken by the electorate, and the old members were nearly all re-elected. From 1882 to 1886 the proposition to secure new premises was yearly before the Council, and the discussions were reported in the medical journals and the Toronto newspapers. In the midst of this discussion, an election was held in 1885. No voice was raised in all the Province, so far as I can remember, in protest against the "real estate speculation," and no member who went to his constituency for re-election was defeated because of his opinions or his actions in this connection. Again, in 1890, an election was held. The new building had been occupied for two years. The profession outside of Toronto knew something of its extravagant dimensions and of its cost, but no voice was heard in censure or in criticism; and no member of the Council was refused re-election because he had favored the erection of the college building.

Am I not justified, then, in saying that not this present Council but the profession at large must take the responsibility in this matter? This building has been erected with the knowledge and approval of the profession. Every step taken has been on motion of territorial representatives, who must have known the views of their constituents, and who are accepted by the other members of the Council as the exponents of the views of the profession at large. And it is not just for men who either directly or indirectly endorsed the Council in all its building operations to censure this body for doing what these critics themselves have sanctioned.

I have thus briefly referred to the main charges brought against the Council. And with regard to the actions censured, I claim that, whether they



were expedient or not, they were invariably initiated and supported by those directly chosen as the representatives of the profession; that these representatives were endorsed whenever they went for re-election; and that therefore every action of the Council has been sanctioned without a dissenting voice, with the solitary exception of the provision for the collection of debts, to which the debtors of the Council have objected.

But even though the profession has in the past approved all our actions, no one questions the right of each one to change his mind and disapprove of that with which he formerly found no fault. All that we ask is, for the credit of the profession, that he should criticize honestly and deal fairly. To misrepresent our actions, to question our good faith, to impute to us improper motives, to adopt the tactics of the demagogue, and invoke the language of Billingsgate in giving expression to unfair criticism, is as disgraceful to a physician as it is unworthy of a gentleman.

Not only is it unjust to those who are assailed; it has a wider maleficent effect. For nothing could have a more injurious influence on young licentiates; nothing could have a more debasing influence on medical ethics; nothing could more effectually lower the profession in public esteem.

As a profession, we occupy a position in this province which medical men of other countries may envy. Whether we shall advance still further, or even retain the place we have, depends upon ourselves. And this Council now remits all questions at issue, and the future *status* of the profession, to the only legitimate court of appeal—the medical electorate—in full confidence that the result will be for the best interests of both the physicians and the people of Ontario.

Dr. BERGIN replied to the President as follows:

Mr. President, before you leave the chair, with the permission of the Council, I desire to say a few words. I do not think after the very able and eloquent review of the work of the Council which you have addressed to us, that any member of this Council or any member of the profession in Ontario outside of the Council will question the wisdom of the Council in calling you to the chair last year. (Applause.) That you have done credit, in many ways beyond any of your predecessors, I think no one will hesitate to admit (hear, hear); and that your services to the Council during the recess have been almost invaluable. And you have done during this past year more to put the Council in the favorable light that it ought to occupy with the profession than any member of the Council either before or since your election to the President's chair. I do not think it is necessary for me to add anything further except to say this, that whilst you will be succeeded by one of the ablest men in the Council, by the man who has brought the business of the Council to its present financial success, yet I regret that the rules of the Council do not permit that you should be elected a second time in succession to the chair.

I now move, seconded by Dr. Bray, Mr. President,

that you leave the chair, and that Dr. Fowler be called thereto.

On Dr. Bergin's motion being put and carried, the President retired from the chair, which was taken by Dr. Fowler.

Dr. BERGIN—Before making the nomination of the gentleman who is to occupy the chair this year, I desire to move that the thanks of this Council be given to the retiring President for his great and valuable services to the Council during the past year.

Dr. MOORE—I have great pleasure in seconding Dr. Bergin's resolution, and I feel a very great deal of pleasure in recalling that I proposed Dr. Campbell as President last year. I then felt that he would make an able representative and would reflect credit upon himself and this Council, and I am gratified to know that everybody recognizes the fact that he has done so. (Applause.)

The motion was put and carried unanimously.

Dr. FOWLER then tendered the vote of thanks to the President, and said: After the remarks made by Drs. Bergin and Moore, and the expression of approbation by the Council, it is needless for me to add anything beyond the thanks of this Council for your very able conduct in the chair during a very trying period.

Dr. CAMPBELL, in reply, said:

Mr. Chairman and Gentlemen,—I beg to assure you I am deeply grateful for this mark of your appreciation of my services in the chair of President, and of my faithfulness in the performance of my duties. I tried, so far as I knew how, to do the best I could. I have avoided, I think, pushing the Council into any undue notoriety, or saddling any special responsibility, moral or legal, upon it. I have simply endeavored to carry out as far as I could, what I thought to be the wishes and desires of the Council; and if I have succeeded in meriting your approbation, as I must assume I have from what has just been said, I can assure you I am abundantly satisfied. And I must bespeak for my successor in office the same support that you tendered me while I was your presiding officer.

Dr. Campbell then resumed the chair, and called for nominations for the office of President.

Dr. BERGIN—Mr. Chairman, I move that Dr. Philip be President for the ensuing year. In moving Dr. Philip, it is unnecessary for me to say anything more than I have already said respecting the merits of that gentleman and his ability to fill the chair as it ought to be filled. Dr. Philip is one of those quiet, retiring members of the Council, who has confined himself to active work. He has, during the many years he has been in the Council, given his attention more especially to the finances of the Council, and that we are in so sound a position financially is due mainly to Dr. Philip and to the able man who is our treasurer. I think there can be no question in the mind of any member of this Council of the entire capacity of Dr. Philip to fill the chair well. And Dr. Philip, on the other hand, may feel assured that every member of this Council will give to him the same aid that they gave you, sir, during your period of its occupancy. I have, therefore, great pleasure in proposing Dr. Philip as President for the ensuing year, seconded by Dr. Fowler.

At the request of the President, Dr. Bergin cast a ballot, there being no other nominations, and on the ballot being examined by the President, he declared Dr. Philip elected unanimously.



Amid loud and long-continued applause, Dr. Bergin and Dr. Fowler escorted Dr. Philip to the dais, and he was introduced to the meeting as the President-elect, and addressed the Council as follows :

*Gentlemen of the Council*,—I thank you very much for the honor you have shown me in electing me to the President's chair. I shall endeavor to fulfil the duties pertaining to the position to the best of my ability during my tenure of office, and I feel assured, as my friend and proposer, Dr. Bergin, has stated, that that forbearance and courtesy which has at all times distinguished the members of this Council in business and in debate to my predecessors in the chair will also be as freely extended to me. I thank you, gentlemen, very sincerely for the high honor which you have conferred upon me.

The President-elect then called for nominations for the various offices.

Dr. MOORE—I have very great pleasure in moving, seconded by Dr. Orr, that Dr. Harris be Vice-President for the ensuing year.

I feel safe in saying that Dr. Harris will perform the duties devolving upon him, with zeal and ability. He has been a member of this Council for many years, and I am sure you will all agree with me that he has attended strictly and with zeal to the discharge of his duties, and has filled the position of Chairman of the Education Committee with zeal and ability, and will discharge the duties of the Vice-President as zealously and as ably as he has the duties of chairman of that committee.

Dr. BERGIN—I move in amendment, seconded by Dr. Henderson, that Dr. Rosebrugh be Vice-President for the ensuing year.

I do not think there can be any two opinions as to the ability of both these gentlemen to fill the chair well and to the advantage of the Council. In moving Dr. Rosebrugh, I do not ignore that Dr. Harris has been a very active and earnest worker upon the Education Committee, but I think that Dr. Rosebrugh, being an older man, is better entitled to the position, and I do not forget that when the question of curriculum was before the Council, that the curriculum, upon which we pride ourselves so much to-day, would have been lost, but for the clear, calm and careful attention which Dr. Rosebrugh, as chairman of that committee, gave to the whole question. And finally, I must remark that the casting vote of Dr. Rosebrugh, as chairman of that committee, on this the most important question during my time in the Council, saved the curriculum.

The ballot was then cast, and on being examined by the President, Dr. Harris was declared duly elected Vice-President for the ensuing year.

Dr. HARRIS then said :

*Mr. President and Gentlemen*,—I must assure you I give you my most hearty thanks for the very great honor you have conferred upon me. I am very sorry that it came to a vote ; sorry that the matter had not been arranged beforehand so that one or other of us might have taken the position by acclamation. But I am sure there is no one will prize the honor of the position more than I do, and I thank you very sincerely for having elected me as your Vice-President.

Dr. Bray moved, seconded by Dr. Johnston, that Dr. Pyne be reappointed Registrar for the ensuing year.

The President put the motion, and there being no other nomination, declared Dr. Pyne duly elected Registrar for the ensuing year.

Dr. Bergin moved seconded by Dr. Moore, that Dr. Aikins be reappointed Treasurer for the ensuing year. The President put the motion, and there being no other nominations, declared Dr. Aikins duly elected Treasurer for the ensuing year.

Dr. Moore moved, seconded by Dr. Miller, that Mr. B. B. Osler, Q.C., be reappointed Solicitor for the Council for the ensuing year.

The President put the motion, and there being no other nominations, declared Mr. Osler duly elected as Solicitor of the Council for the ensuing year.

Dr. Day moved, seconded by Dr. Bray, that Mr. Alex. Downey, C.S.R., be reappointed Official Stenographer of the Council for the ensuing year.

The President put the motion, and there being no other nominations, declared Mr. Downey duly elected Official Stenographer for the Council for the ensuing year.

Dr. Rogers moved, seconded by Dr. Bergin, that Drs. Day, Williams, Bray, Orr, Johnson, Logan, Harris and the mover and seconder be a committee to strike the Standing Committees for the ensuing year. Carried.

On motion the Council adjourned for ten minutes to allow the Striking Committee to prepare their report. On the Council resuming after adjournment, Dr. Day presented the report of the Striking Committee, naming the various committees as follows :

Registration Committee—Drs. Rosebrugh, Johnson, Moore, Orr and Vernon.

Rules and Regulations—Drs. Day, Fowler, Luton, Thorburn and Miller.

Finance—Drs. Fulton, Henderson, Ruttan and Campbell.

Printing—Drs. Johnson, Moorhouse, Henry, Luton, Britton.

Education—Drs. Johnson, Bergin, Bray, Geikie, Logan, Moore, Rogers, Thorburn, Williams.

Property—Drs. Day, Henry and Thorburn.

Committee on Complaints—Drs. Fowler, Henry, Henderson, Moorhouse and Miller.

Dr. Rogers moved, seconded by Dr. Henry, that the report of the Committee be received and adopted. Carried. After Drs. Johnson and Henderson were placed on the Property Committee.

#### NOTICES OF MOTION.

1. Dr. Bray, to introduce a by-law providing the mode and fixing the time of holding elections of territorial representatives, other than homeopathic representatives.

2. Dr. Day, for leave to introduce a by-law to amend By-law No. 39 as at present amended by By-Law No. 50.

3. Dr. Henry, that he will move a resolution *re* Lodge and Contract doctoring.

Referred to Special Committee, consisting of Drs. Orr, Day, Henry, Bergin, Johnson and Rogers.

4. Dr. Logan, to introduce a by-law providing the method and time for the election of homeopathic representatives.

5. Dr. Campbell, *re* cost incurred in connection with investigations held by Discipline Committee.

7. Dr. Miller, that the Standing Committee on Printing be authorized to prepare at the earliest

possible date, a sufficient number of copies of the President's address, delivered to-day, for distribution to every member of the profession on the register of Ontario.

7. Dr. Bergin, an address to Lord Aberdeen upon His Excellency assuming the duties of Governor-General of the Dominion.

#### COMMUNICATIONS AND PETITIONS.

Communications and petitions were then read, received and referred to committees as follows :

From E. D. Aylen, J. Brown, H. V. Boyd, James Bell, G. W. Barber, Geo. T. Campbell, J. C. Copp, W. F. Cunningham, Geo. S. Cameron, W. A. Cooper, W. P. Davis, J. J. Davis, F. W. Delmage, F. A. Dale, J. L. Easton, Geo. Foster, E. K. Findlay, Jas. Gray, W. E. Graham, Jas. Grant, W. J. Geddes, E. G. Hodgson, C. J. Hardie, W. S. Harper, Geo. H. Jackson, E. A. Johnston, J. W. King, F. W. Linley, Dr. Lovett, A. Letellier, J. P. Morton, H. Maw, G. H. Manchester, W. P. Mason, W. A. McIntosh, W. J. McNicholl, R. McKenzie, G. S. McGhie, D. A. McKillop, P. W. Perry, S. Pearce, H. W. Scott, W. Stephens, C. E. Watson, Dr. Brosseau, W. J. C. Miller. Report Board Examiners, referred to Education Committee.

From Z. Hemphill, referred to Property Committee.

From M. Baker, A. Boillon, W. F. Drysdale, H. A. Johnston, Thos. Kerr, A. T. Shillington, Jno. Stenhouse, Reg. White, referred to Committee on Complaints.

From A. E. Murphy, referred to Committee on Discipline.

From the London Medical Society, the Ontario Medical Association, referred to Special Committee.

From R. M. Luten, G. E. Chaperon, Jacob Zelinski, N. Washington, referred to Registration Committee.

From J. N. E. Brown, Frank Evans, W. B. Boyd, J. W. Arnott, Hannah A. Benedict, A. McKnight, referred to Finance Committee.

From the Bryant Press Publishing Co.; W. Beattie Nesbitt, of *Dominion Medical Monthly*; *Canadian Practitioner*; *ONTARIO MEDICAL JOURNAL* Publishing Co., communications to the Printing Committee.

From Dr. A. C. Bowerman, to Committee on Rules and Regulations.

On the report of the prosecutor being presented, Dr. Bray suggested that consideration of this report be deferred in order to permit the committees to proceed with their work and prepare their reports for submission to the Council.

Dr. BERGIN—I think the several committees should meet and organize. The prosecutor's report, I think, does not receive the attention each year that it ought to receive from the Council; and I think in some way it should be put in the hands of every member of the Council, so that he could give it the most careful consideration before he comes to pronounce upon it, and that cannot be done if the report is simply read from the table.

Dr. Bray moved, seconded by Dr. Fulton, that a copy of the prosecutor's report be furnished to each member of this Council; and that the consideration of the report be the first order of business for Thursday afternoon. Carried.

Moved by Dr. Johnson, seconded by Dr. Bray, that the communication from the Ontario Medical Society,

re Lodge and Contract Practice, be referred to Special Committee. Carried.

On motion, the communication from the Medical Society of London, re Lodge and Contract Practice, was referred to the same committee.

#### REPORTS OF SPECIAL COMMITTEES.

Dr. Campbell presented the report of the professional examinations held in Toronto and Kingston.

On motion the report was referred to the Education Committee.

A communication from Thomas Wasson, Prosecutor of the College, re D. A. Rose and W. E. Bessey, was referred to the Discipline Committee.

On motion of Dr. Bray, the Council adjourned till 10 o'clock to-morrow morning, to allow the committees to organize and proceed with committee work.

#### SECOND DAY.

Wednesday, June 13th, 1894.

The Council met at 10 o'clock a.m., according to motion for adjournment, the President, Dr. Philip, in the chair.

The following members were present :

Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Harris, Henderson, Henry, Johnson, Logan, Luten, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrough, Rutan, Thorburn, Vernon and Williams.

The minutes of the preceding meeting were read by the Registrar, and confirmed and signed by the President.

#### NOTICES OF MOTION.

1. Dr. Logan gave notice of motion re vaccination.

#### COMMUNICATIONS.

Dr. Britton presented a communication from one, W. S. Cunningham. Referred to Education Committee.

Dr. Pyne presented a communication from John P. Morton, which was also referred to the Education Committee.

#### MOTIONS OF WHICH NOTICE HAD BEEN GIVEN AT A PREVIOUS MEETING.

Dr. Campbell moved, seconded by Dr. Thorburn, in accordance with notice of motion yesterday, that in any case of discipline acted upon in the future by this Council, where the accused has been found guilty, there shall be no suspension of sentence until the Council has first been reimbursed all expenses incurred by it in the investigation of such case. I have an idea it will not be necessary for me to say very much in this connection, as I think the resolution will commend itself to the judgment of the members of the Council. The Council has taken a very lenient course in the past in connection with the investigation of cases of alleged improper conduct; it has treated the parties so accused with all due fairness, and when they have been found guilty it has invariably given them an opportunity for repentance by suspending sentence. That has been the proper course of procedure on the part of the Council in introducing and establishing a method of discipline, which has been hitherto un-



known in this country and unknown on this continent; a method which might and does seem harsh, at least to people outside of the profession; and we, therefore, I say, acted with becoming wisdom in proceeding mildly and treating those parties with leniency, but the time has come to call a halt, for if we continue that course of procedure, our investigations and the effect of it will become farcical. Men will say, if I am charged with unprofessional conduct I will fight the Council as long as I can, and if I am found guilty I will get down on my knees and confess and it will be all right; thus making the whole matter a farce.

The expenses are very heavy in these matters, running up to several hundred dollars in connection with each case, and it is too much, when the Council shows its mercy by suspending sentence on a convicted person, that it should also be out the expense connected with the investigation. Since I introduced this notice of motion, I have been given to understand the Discipline Committee have been considering this matter, and that there is a possibility of some by-law being introduced by some person in the Council bearing on the subject. If that is the case, and the Chairman will inform me so, I am willing, if the Committee think it advisable, to withdraw my notice in the meantime, if there is anything that will meet the purpose, as I do not wish to interfere with the Discipline Committee.

Dr. DAY—I would just say we have had an opinion from the solicitor touching one or two matters not exactly in that direction, but I would ask that the discussion should be delayed until we have some information. If we go to the courts, I want to show that our action and the action of the Council was entirely unbiased by any outside influence. It might be construed by a sharp lawyer before the judges, that we had said, "If you do not pay the costs we will suspend you right now; if you do pay the costs we will let you stay on approbation," and that that would be giving a man an advantage for simply a monetary payment. I think it would be better to get our solicitor's opinion before any such resolution is passed; but I think, however, the discussion will do good, and so far as I am concerned, and I think the other members of the Discipline Committee have given delinquents to understand the same thing—I have distinctly—that they need not come before the Council with any sort of plea, or anything else, unless the costs are fully paid up. I have done that personally, but, of course, that was not in an authoritative way so that the Council could be made responsible for it, but I have given them to understand distinctly that, while costs have been incurred and are standing unpaid, the delinquents need not expect the Council would be anything more than simply just; that they would deal justly, not leniently, unless the costs are paid.

Dr. BRAY—I would add to what Dr. Day has said, my expressed wish that Dr. Campbell would let this matter stand for a time, as all these matters are under the consideration of our solicitor, and a false step would be a great mistake, and it is better to adhere to the advice of our solicitor. I do not wish Dr. Campbell to withdraw his motion, but to let it stand.

Dr. CAMPBELL—With the consent of the Council I will ask that further consideration be postponed.

Dr. BRAY—I beg leave to introduce a by-law to

provide for the election of territorial members to the College of Physicians and Surgeons of Ontario (reads by-law), and I move the first reading.

The by-law was then read the first time.

On motion of Dr. Bray, the Council went into Committee of the Whole on this by-law.

Dr. Bergin in the chair.

The preamble of the by-law was read and adopted, and on motion, as some of the territorial representatives stated that they were not prepared to make suggestions as to filling the blanks with the names of the returning officers in their divisions, the committee rose, reported progress, and asked leave to sit again.

The committee rose, the President in the chair.

Dr. Bray moved, seconded by Dr. Harris, that the report of the Committee of the Whole be received, and leave granted to them to sit again. Carried.

Dr. LOGAN—I beg leave to introduce a by-law to provide for the election of homœopathic members, and I move that this by-law be referred to the Committee of the Whole.

On motion, the Council resolved into a Committee of the Whole on this by-law. Dr. Bray in the chair.

The preamble of the by-law was read and adopted, and on motion the committee rose, reported progress, and asked leave to sit again.

The Committee rose, the President in the chair.

Dr. Bray moved, seconded by Dr. Logan, that the report of the Committee of the Whole be received, and leave granted to sit again. Carried.

Dr. Aikins, the treasurer, then presented his report.

Dr. Campbell moved, seconded by Dr. Harris, that the report be received and referred to the Finance Committee. Carried.

On motion, the Council adjourned to meet again at 2 o'clock, p.m.

#### AFTERNOON SESSION.

*Wednesday, June 13th, 1894.*

In accordance with the motion to adjourn, the Council met at 2 o'clock.

The President, Dr. Philip, in the chair, called the Council to order. The roll was called by the Registrar, and the following members were present:

Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Sir James Grant, Harris, Henderson, Henry, Johnson, Logan, Luton, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrugh, Ruttan, Thorburn, Vernon and Williams.

The Minutes of the previous meeting were read and confirmed and signed by the President.

#### NOTICES OF MOTION.

1. Dr. Harris gives notice that he will introduce a by-law to appoint a Committee on Discipline.

2. Dr. Britton, that he will introduce a resolution providing for the holding of an examination in September.

#### COMMUNICATIONS, PETITIONS, ETC.

Communications were read from E. G. Hodgson and others, and referred to the Registration Committee.

#### MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

None.



## REPORTS, STANDING AND SPECIAL COMMITTEES.

Dr. Day presented the reports of the Discipline Committee *re* Dr. D. A. Rose, of Portland, and Dr. W. E. Bessey, of Toronto, as follows :

*To the Council of the College of Physicians and Surgeons of Ontario :*

GENTLEMEN,—The Committee on Discipline beg leave to report that they met yesterday, and had before them the charges of unprofessional conduct made by Thonias Wasson against Dr. D. A. Rose, of Portland, Ont., and also against Dr. W. E. Bessey, of Toronto.

HENRY W. DAY, *Chairman*.

On motion, the report was received.

And report on Drs. McCullough, Wilson, and McBrien, as follows :

## DISCIPLINE COMMITTEE REPORT.

Your Committee on Discipline beg to report that during the past year they have had before them the case of John Robert McCullough, and have held an investigation thereon, particulars of which are appended to the end of this report, together with the findings of your Committee thereon. There is also appended a copy of the evidence submitted and the proceedings taken before your committee.

Your committee also beg to report that they have held an investigation in the case of William F. McBrien, and that (as in the above case referred to) a full account of the proceedings is hereto appended.

Your Committee also beg to report that they have held an investigation in the case of Hugh McG. Wilson, and that (as in the cases above referred to) a full account of the proceedings is hereto appended.

All of which is respectfully submitted.

HENRY W. DAY, *Chairman*.

*To the Council of the College of Physicians and Surgeons of Ontario :*

Your committee appointed to inquire into the facts, beg leave to report as follows :

*Re* John Robert McCullough, M.D. For erasure from the register as a member and registered practitioner of the College of Physicians and Surgeons of Ontario.

Your committee duly met after notice of the charges in the subject matter of the enquiry to be conducted had been given to the said John Robert McCullough, who did not appear, either personally or by counsel, on Tuesday, the 5th day of December, 1892, at the city of London, and on Wednesday and Thursday, the 6th and 7th days of December, 1893, at the city of Toronto, when witnesses were examined in support of the petition, and when the letter hereto annexed, dated November 11th, 1893, from the said John Robert McCullough to your committee was read ; and after hearing the evidence, which herewith accompanies this report, your committee arrived at the following conclusions :

1. That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows : That is to say, by receiving on or about the 15th day of February, 1893, the sum of fifteen dollars from one Charles Sheppard upon condition that the said Mc-

Cullough should guarantee to cure the wife of the said Sheppard, whereas the said McCullough well knew that the wife of the said Sheppard was suffering from a disease which he could not cure.

2. That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows : That is to say, by receiving on or about the 15th day of April, 1893, the sum of fifteen dollars from one Henry Cline upon condition that the said McCullough should guarantee to cure the said Cline, whereas the said McCullough well knew that the said Cline was suffering from a disease which he could not cure.

As to charge No. 3, which alleges that the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows : That is to say, by receiving from one Mrs. James Cann a certain sum of money upon condition that the said McCullough should guarantee to cure her, whereas the said McCullough well knew that she was suffering from a disease which he could not cure.

Your committee find that the charge is proven with the exception of the last clause thereof, as in the opinion of your committee some cases of goitre are curable.

4. That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows : That is to say, by advertising from time to time during the months of January and February, A.D., 1893, in the town of Strathroy, in the county of Middlesex, and other towns and cities throughout Ontario, by means of large, brilliantly-colored posters and placards, posted in prominent places in hotels and in other public places in the said cities and towns, which posters and placards contained the following statements:—"Doctors McCullough and Grant, the most celebrated European and American physicians, surgeons and specialists on the Continent of America, here to-day. Consultation free." Whereby the said John Robt. McCullough endeavored to impose upon the credulity of the public for the purposes of gain by attempting to deceive such persons as might read the said advertisement, and particularly those suffering from any disease or ailment that an opportunity would be afforded to them to consult free of charge two physicians, surgeons and specialists having an established reputation both in Europe and America, whereas, in fact, no such persons were to be found at the places indicated by the said advertisement, or were in any way connected with the said McCullough, and all persons who went to the place named in the said advertisement for the purpose of consulting such physicians, surgeons and specialists were met only by the said McCullough, who was not a physician of reputation, as stated in his advertisements, and if there was any person named Grant in any way connected with the said McCullough, such person was not a physician or surgeon entitled to practise within the province of Ontario, and also such advertising and that hereinafter referred to of itself constituted infamous or disgraceful conduct in a professional respect.

5. That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows : That is to say, by advertising from time to time during the months of January, February, March, April

and May, A.D., 1893, in the town of Strathroy, in the County of Middlesex; in the city of London, in the County of Middlesex; in the city of Brantford in the County of Brant; in the town of Ingersoll, County of Oxford; and other towns and cities throughout Ontario, by means of large, brilliantly-colored posters and placards, posted in prominent places in hotels and in other public places in the said towns and cities, which posters contained the statements set forth in Exhibit "A," hereunto annexed, which is a copy of the written portion thereof, whereby the said John Robert McCullough endeavored to impose upon the credulity of the public, for the purposes of gain, by attempting to deceive such persons as might read the said advertisements and particularly those suffering from any disease or ailment into the belief that an opportunity would be afforded them to consult, free of charge, two physicians, surgeons and specialists having an established reputation both in Europe and America, whereas, in fact, no such persons were to be found at the places indicated by the said advertisements, or were in any way connected with the said McCullough, and all persons who went to the place named in the said advertisement, for the purpose of consulting such physicians, surgeons and specialists, were met only by the said McCullough, who was not a physician of reputation, as stated in his advertisement, and if there was any such person named Grant in any way connected with the said McCullough, such person was not a physician or surgeon entitled to practise within the Province of Ontario.

6. That the said John Robert McCullough has been guilty of infamous or disgraceful conduct, in a professional respect, the particulars of which are as follows, that is to say: By advertising, from time to time, during the months of January, February, March, April and May, A.D., 1893, in the town of Strathroy, in the County of Middlesex; in the town of Ingersoll, in the County of Oxford; in the city of Woodstock, in the County of Oxford; in the town of Brantford, in the County of Brant; in the city of London, in the County of Middlesex; and other towns and cities throughout Ontario, by means of brilliantly-colored posters and placards, posted in prominent places in hotels and in other public places, in the said towns and cities, which posters contained the statements set forth in Exhibit "B," hereunto annexed, which is a copy of the written portion thereof, whereby the said John Robert McCullough endeavored to impose upon the credulity of the public, for the purposes of gain, by attempting to deceive such persons as might read the said advertisement and particularly those suffering from any disease or ailment into the belief that an opportunity would be offered to them to consult, free of charge, with two physicians, surgeons and specialists having an established reputation both in Europe and America, whereas, in fact, no such persons were to be found at the places indicated by the said advertisement, or were in any way connected with the said McCullough, and all persons who went to the place named in the said advertisement, for the purpose of consulting physicians, surgeons and specialists were met only by the said McCullough, who was not a physician of reputation, as stated in his advertisement, and if there was any person named Grant in any way connected with the said McCullough, such person was not a physician or surgeon entitled to practise within the Province of Ontario.

7. That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by advertising from time to time during the months of January, February, March, April and May, A.D. 1893, in the city of London, in the County of Middlesex; in the town of Strathroy, in the County of Middlesex; in the city of Brantford, in the County of Brant; in the town of St. Mary's, in the County of Perth; in the town of Ingersoll, in the County of Oxford; in the town of Woodstock, in the County of Oxford; and in other towns and cities throughout Ontario, by means of posters distributed as handbills in the streets of the said cities and towns and delivered to private residences therein, a copy of which said posters is hereunto annexed and marked Exhibit "C," whereby the said John Robert McCullough endeavored to impose upon the credulity of the public for the purposes of gain, by attempting to deceive such persons as might read the said advertisements, and particularly those suffering from any disease or ailment, into the belief that an opportunity would be afforded to them to consult, free of charge, with two physicians, surgeons and specialists having an established reputation both in Europe and America, whereas, in fact, no such persons were to be found at the places indicated by the said advertisements or were in any way connected with the said McCullough, and all persons who went to the place named in the said advertisement for consulting with physicians, surgeons and specialists were met only by the said McCullough, who was not a physician of reputation as stated in his advertisement, and if there was any person named Grant, in any way connected with the said McCullough, such person was not a physician or surgeon entitled to practise within the Province of Ontario.

8. And repeating all the allegations in the next preceding paragraph hereof with regard to the posters therein referred to, it is further charged that the said McCullough was guilty of infamous or disgraceful conduct in a professional respect in the same manner as therein alleged, with respect to certain posters identical therewith, except that the name of Dr. Grant does not appear therein, and all the statements made in said posters with regard to the said Drs. McCullough and Grant are repeated in the posters herein referred to with regard to Dr. McCullough alone, and the posters and handbills herein referred to were used and distributed by the said McCullough in the town of Brantford, in the county of Brant, and in the town of Dundas, in the county of Wentworth.

As to charge 9, which alleges "That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by printing on the back of the said posters or handbills, in the preceding charges referred to, alleged copies of testimonials from patients, stating that they had been cured by the said McCullough, whereas, in fact, no such cures had been made by him as alleged."

Your committee beg to report that no evidence was tendered in support of this charge.

As to charge 10, which alleges "That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by



causing to be printed and published in the newspapers published in the various cities and towns during the months of January, February and March, 1893, and particularly in the issues of the *London Advertiser* and *London Free Press*, and in the *Journal* and *Argus*, printed and published in the town of St. Mary's, and in the *Paris Review*, in the issues of Friday, March 3rd, and Tuesday, March 7th, 1893, advertisements containing all the statements contained in the posters and handbills in the next preceding charge referred to, and all the allegations herein before made with regard to such posters and handbills are repeated with regard to such advertisements."

Your committee beg to report that no evidence was tendered in support of this charge.

11. That the said John Robert McCullough has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by obtaining money for advice or treatment, or by the sale of drugs or medicines, upon the false and fraudulent pretences above charged in connection with the posters above referred to, from persons who came to consult the said McCullough at the places named in the said advertisements, and particularly from the persons named in the first, second and third charges hereinbefore set forth.

Signed on behalf of the Discipline Committee,

HENRY W. DAY,

*Chairman of Committee.*

#### DR. McCULLOUGH'S APOLOGY TO THE COUNCIL.

*Mr. Chairman and Gentlemen of this Honorable Council*,—I beg leave to state to you that I have come here before you to confess that I have done wrong and am sorry for it.

I am an aged man, and out of the past years of my life I have served the public to the best of my ability as physician and surgeon, accoucher and specialist, having received my licenses as such from Lord Elgin, Earl of Elgin and Kincardine, then Governor of Upper and Lower Canada, in the year 1851. And now, in old age and declining years, I have a wife and helpless family who have no other way of support or living to keep them alive but what I can make now in my declining years by my profession, and so, therefore, Mr. Chairman and gentlemen of this honorable body, I beg leave to submit myself to your mercy in this case, and I undertake and agree not to offend in the future, and now beg of this honorable Council to pardon my transgression in this case, and not erase my name from the Medical Register, as I am old and have no other means of making a living for myself and helpless family but by my profession, and, as in duty bound, I shall ever pray.

Gentlemen, your most humble servant,

J. R. McCULLOUGH.

Moved by Dr. Harris, seconded by Dr. Ruttan :

*Whereas*, the Committee on Discipline reported in writing to the Council in the case of Dr. John Robert McCullough, as appears by such report on file and in possession of the Registrar ; and

*Whereas*, the said Dr. John Robert McCullough has been called upon to show cause why the Council should not act upon the report of the Committee, as

appears by the notice served upon him on Tuesday, the 12th day of June, 1894 ; and

*Whereas*, the said Dr. John Robert McCullough has appeared ; and

*Whereas*, the offence charged and reported as proved by the said committee are not within the proviso contained in subsection 2 of section 34 of the Ontario Medical Act as amended ; and

*Whereas*, as the said facts stated in the said report of the Committee on Discipline, the Council now resolve to act, and hereby adopt the said facts, and report as to the finding of the facts in the case of the said Dr. John Robert McCullough. Be it therefore

*Resolved*, that upon the application herein and upon the enquiry herein before the said Discipline Committee, and upon the report of the said Committee, and upon the facts therein found and hereinbefore adopted by the said Council, that the name of "John Robert McCullough" now appearing in the Register is hereby erased from the said Register, and the Registrar is hereby directed to erase the name of the said John Robert McCullough from the said Register, and to alter and amend the same accordingly ;

And it is hereby further directed, under the provisions of the Ontario Medical Act, section 38 "B," that the costs of and incidental to such be paid by the said John Robert McCullough to the College of Physicians and Surgeons of Ontario forthwith after taxation by one of the taxing officers of the High Court of Justice of Ontario.

And the Registrar is directed, after such taxation, to obtain the issue of such execution or executions as may be necessary for the collection of such costs by the said college.

Carried unanimously.

D. L. PHILIP, *President.*

*To the Council of the College of Physicians and Surgeons of Ontario.*

Your committee, appointed to inquire into the facts, beg leave to report as follows :

*Re* William F. McBrien, M.D. For erasure from the register as a member and registered practitioner of the College of Physicians and Surgeons of Ontario.

Your committee duly met after notice of the charges in the subject matter of the inquiry, to be conducted, had been given to the said William F. McBrien, who did not appear, either personally or by counsel, on Wednesday, the 6th day of December, 1893, at the city of Toronto, when witnesses were examined in support of the petition ; and, after hearing the evidence, which herewith accompanies this report, and after reading at a meeting of the committee, held on the 11th day of June, 1894, a letter from the said Wm. F. McBrien, dated at Oshawa, the 8th day of June, 1894, your committee arrived at the following conclusions :

As to charge 1, which alleges "That the said Wm. F. McBrien has been guilty of infamous or disgraceful conduct, in a professional respect, the particulars of which are as follows : That is to say, by causing to be printed and published daily in public newspapers in the city of Toronto, during the months of November, 1892, December, 1892, January, 1893, February, 1893, March, 1893, April, 1893, and May, 1893, the following advertisement : "The eminent London and American Surgeons and Physicians are now giving free



consultations. Dyspepsia cured; all chronic diseases, catarrh, asthma, rheumatism and sciatica, heart and lung troubles; also skin troubles, treated most successfully; medical inhalation free. Manager, W. F. McBrien, M.D., M.R.C.S. London, England. Hours, 10 a.m., 9 p.m. Office, 172 Yonge st., Toronto."

The said advertisement is particularly charged to having been published by the said McBrien in the issues of the *Evening Star*, bearing date Saturday, the 10th day of December, A.D., 1892; Monday, the 20th day of February, A.D., 1893; Friday, the 3rd day of March, A.D., 1893; and in other issues of the *Evening Star* and other daily papers published during the said months. Whereby the said William F. McBrien endeavored to impose upon the credulity of the public, for the purpose of gain, by attempting to deceive all such persons as might read the said advertisement, and particularly those suffering from any disease or ailment, into the belief that an opportunity would be afforded to them to consult, free of charge, with physicians and surgeons of repute in England and in the United States of America, at the address given in the said advertisement, whereas, in fact, no such persons were at the time of the insertion of the said advertisement, or at any time thereafter, to be found at the said address, and all persons who went to the address named in the said advertisement for the purposes of consulting with the said physicians and surgeons were met only by the said William F. McBrien.

Your committee find the charge proved as to the publication in the months of December, 1892, January, February and March, 1893 (evidence not being tendered as to publication in the months of November, 1892, and April and May, 1893); and your committee find the balance of charge 1 proven.

As to charge 2, which alleges, "That the said Wm. F. McBrien has been guilty of infamous or disgraceful conduct, in a professional respect, the particulars of which are as follows: That is to say, by causing to be printed and published daily in public newspapers, in the city of Toronto, during the months of November, 1892, December, 1892, January, 1893, February, 1893, March, 1893, April, 1893, and May, 1893, the following advertisement:

"The experienced London and American doctors give free consulting and inhalations. All chronic diseases of a confidential character, catarrh, deafness and all lung troubles, treated successfully. 172 Yonge St., Toronto. 10 a.m. to 8 p.m."

The said advertisement is particularly charged to having been published by the said McBrien in the issues of the *Evening News*, bearing date Monday, the 20th day of December, A.D., 1892; Tuesday, the 3rd day of January, 1893; Saturday, the 18th day of February, 1893, and in other issues of the *Evening News* and other daily papers, published during the said months, whereby the said William F. McBrien endeavored to impose upon the credulity of the public, for the purposes of gain, by attempting to deceive all such persons as might read said advertisement, and particularly those suffering from any disease or ailment into the belief that an opportunity would be afforded to them to consult, free of charge, with physicians and surgeons of repute and position in England and the United States of America, at the address given in the said advertisement, whereas, in fact, no such persons were at the time of the insertion of the said

advertisement, or at any time thereafter, to be found at the said address therein named; and all persons who went to such address were met only by the said William F. McBrien.

Your committee find the charge proved as to the publication in the months of December, 1892, January, February and March, 1893 (evidence not being tendered as to publication in the months of November, 1892, and April and May, 1893; nor as to the issue of the *Evening News* of January 3rd, 1893); and your committee find the balance of charge 2 proven.

As to charge 3, which alleges: "That the said William F. McBrien has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by causing to be printed and published in public newspapers in the city of Toronto, during the months of November, 1892, December, 1892, January, 1893, February, 1893, March, 1893, April, 1893, and May, 1893, the following advertisement:

"The eminent London and American surgeons are giving free consultations on all chronic diseases: catarrh, asthma and all diseases of the heart and lungs, skin diseases, women's troubles also. 172 Yonge street."

"The said advertisement is particularly charged to having been published by the said McBrien in the issue of the *Empire* bearing date Friday, the 3rd day of March, A.D., 1893, and in other issues of the *Empire* and other daily papers published during the said months, and by publishing other advertisements to the same effect, during the said months, in newspapers known as the *Toronto World*, the *Daily Mail* and *Toronto Globe*, whereby the said William F. McBrien endeavored to impose upon the credulity of the public for the purposes of gain, by attempting to deceive all such persons as might read the said advertisement, and particularly those suffering from any disease or ailment, into a belief that an opportunity would be afforded to them to consult, free of charge, with physicians and surgeons of repute and position in England and in the United States of America, at the address given in the said advertisement, whereas, in fact, no such persons were at the time of the insertion of the said advertisement, or at any time thereafter, to be found at the address therein named, and all persons who went to such address were met only by the said William F. McBrien."

Your committee find the charge proved as to publication in the months of December, 1892, January, February and March, 1893 (evidence not having been tendered as to publication in the months of November, 1892, and April and May, 1893, nor as to publication in the *Globe* and *Mail* newspapers); and your committee find the remainder of the charge proved.

4. That the said William F. McBrien has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by representing to such persons as came to consult the said physicians and surgeons, and particularly to one Slater, of Cottam, at such address, that he was one of the physicians and surgeons described in the said advertisement, and notwithstanding the statement in the said advertisement that consultation was free, etc., by endeavoring to obtain as much money as possible from the said Slater, of

Cottam, and such other persons as answered the said advertisement, after first ascertaining their financial standing and the amount they could pay, by undertaking to cure them for a certain amount paid in cash and such other amounts paid weekly or monthly as they could afford to pay. And it is further charged that the offer of free consultation, advertised as aforesaid, was not made *bona-fide* in connection with the legitimate practise of medicine, but was a fraudulent and disgraceful scheme and device to induce persons suffering from various ailments to call at the address given in the said advertisement, in order that the said William F. McBrien might obtain money from time to time upon the pretences above set forth.

And further, that the said William F. McBrien, by the publication of such advertisements, was guilty of infamous or disgraceful conduct in a professional respect.

Signed on behalf of the committee.

HENRY W. DAY,  
*Chairman of Committee.*

#### DR. MCBRIEN'S COMMUNICATION.

OSHAWA, ONT., June 8th, 1894.

*To the Medical Council :*

GENTLEMEN,—I have the honor to inform you that I received your communication some time ago, in which some strong terms are used against me.

Now, if you can stop all quackery in this country, no man will be better pleased than your humble servant. Superior medical men require no protection here of a legal character, nor do I think inferior ones find it necessary; they are strong in numbers here as well as in Toronto. They are perfectly unscrupulous and exceedingly dangerous to the community. No wonder that Rev. Mr. Jones, of Toronto, recently denounced them from the pulpit, saying "they were fitted by nature for carpenters, for making coffins, for making work for the undertakers, for producing sadness and sorrow in many a family." They observe a routine like Toronto Hospital in fever cases. I do not hesitate to say that not one in twenty of them know how to treat a fever—they treat temperature, not disease. The same may be predicted of them when dealing with inflammations. You and I are helpless when we try to give them brains. They are partly educated, but not one in fifty can be called an enlightened man. In Boston, Mass., the most cultured city in America, sometimes called the Athens of this continent on account of its refinement, no Medical Council (in that city) has any restrictions on medical practice, but you must hold a doctor's certificate to collect in the courts.

I practised medicine eight years in this country without putting my name in a paper. I never sued a poor man in my life. I never wronged or in any way abused a patient.

You say I charged a man \$4.50 for medicine and treatment in Toronto. That is quite true, *i.e.*, for a month's treatment. I informed him at first that his case was nearly hopeless.

You had a medical man giving evidence against me in that city who has not the honor of knowing me at all. Strange to say, he performed an operation in this town, for which he received a large sum of money,

probably hundreds of dollars. The patient passed into eternity; then and there, I presume, he informed the friends there was a chance for her life; probably there was, if properly treated in time, but, alas! she fell into the hands of ignorance and selfishness; you know selfishness is the foundation of lies, fraud and even murder.

There is a brainless medical doctor in this town who was once in the Council; he plays the part of jackall for that plutocratic specialist who gave evidence against me, and thinking, at the expense of my good name, to reciprocate the services of this contemptible —, he is now used by a financial creature in this town who, for hardened villainy and fraudulent financial transactions, has no equal in the Dominion of Canada. He not only destroyed my property and family—all that I made for forty years—but many others; he has now his hell-hounds at work every day among them. These dangerous fifth-class medical men, who are doing more than other men in Canada to destroy the dignity of the medical profession, they are lodge doctors; some of them belong to many societies, which they use to promote their selfish interest at the expense of superior men, justice, truth and human life. It is sad to have to say so, yet, too true, they know how to inject morphine, with the possible consequences, simply because the patient is in pain, sometimes producing almost immediate death; the great doctrines of Cullen never enter their mind; they appear never to think of the laws of nature, of thermal and electrical forces which constantly and continually modify the synergies of the human organization. Human life is the just consideration of every nation, property is secondary.

Rolph used to say the doctor has no more right to kill a man than any other citizen.

A large number of the druggists in the country practise medicine in a quiet way, and persuade themselves that they understood the phenomena of disease although they know nothing of different diagnosis. What are you going to do with the transgressors? How are you going to cleanse the Augean stables?

In Toronto, a few medical gentlemen examined a number of aspirants for the position of Health Officer, and put in a small bill of mere \$3,000, a monstrous piece of iniquity for men belonging to Christian churches and benevolent societies: \$300 would be nearer a proper remuneration. "Honesty is inseparable from the character of a gentleman," said a British General commanding in India.

Again, the medical bill of the city in one year was \$10,000; the services rendered were not worth half the money. Are not the taxpayers robbed by the ring? Can you find a parallel for such outrages and dishonesty since the days of "Boss Tweed" in New York?

It may be well for me to mention that when I returned from England I sent two degrees to Hamilton for registration. The money was stolen, and a demand made for more; five dollars answered the place of seven. The Postmaster-General wished to know if suspicion rested on any particular party, but I let the matter drop after paying twelve dollars instead of two for registration. The money was sent in registered letter.

It may be well for me to remind you that many of the medical men of this province are not satisfied



with the Council itself; they see very little for all the moneys paid, except a brick house in Toronto with about forty thousand dollars of a mortgage on it.

Again, the young men turned out from year to year complain bitterly of paying an amount nearly to their college fees, for which they get no value, merely a permit to practise medicine. Is this a tax or is it a most monstrous legal request, taxing a young man after he has just passed a splendid examination and received the full sanction of one or more universities? His name is announced in the county as a doctor, and yet he is informed he must pay his money and be examined. He may have spent his last dollar and be a well-qualified young man; he may have been well trained and conscientiously examined; is this not a reflection on the men conducting our medical institutions? Stop and think; is not a reform necessary? Heal the open sore, wipe from the statutes of our country any legal enactments founded on injustice. There ought to be no monopoly of learning in any embryo state like this; purity ought to characterize the very first section of our laws, and honesty their administration.

You may not be aware that the most degraded man in Canada thinks he can use the Council through certain local medical men, and that you would not know it, yet such is the case.

If the Council would like to see the celebrated letters of Coburn, in which he offers the fine young widow his poetical tit-bits, just write to Lawyer Murtion, Oshawa.

There are many more things of which I might speak, but time and prudence forbid for the present. You just think of the lying frauds who came to me and told me they had been hard livers, had syph, and many of its complications; false, I detected them, knew they were sent for a purpose, but could not think they represented the Council, so degraded were they.

Yours, with consideration,

WM. F. MCBRIEN, M.C.M.R.

Moved by Dr. Harris, seconded by Dr. Ruttan, that action of the Council in report of Discipline Committee *re* W. F. McBrien, be suspended for the present. Carried.

#### DISCIPLINE COMMITTEE REPORT.

Your Committee on Discipline beg to report that during the past year they have had before them the case of John Robert McCullough and have held an investigation thereon, particulars of which are appended to the end of this report, together with the findings of your committee thereon. There is also appended a copy of the evidence submitted and the proceedings taken before your committee.

Your committee also beg leave to report that they have held an investigation in the case of William F. McBrien and that (as in the above case referred to) a full account of the proceedings is hereto appended.

Your committee also beg to report that they have held an investigation in the case of Hugh McG. Willson, and that (as in the cases above referred to) a full account of the proceedings is hereto appended.

All of which is respectfully submitted.

H. W. DAY, *Chairman.*

#### *To the Council of the College of Physicians and Surgeons of Ontario:*

Your committee appointed to enquire into the facts, beg leave to report as follows:

*Re* Hugh McG. Willson, M.D., for erasure from the register as a member and registered practitioner of the College of Physicians and Surgeons of Ontario.

Your committee duly met after notice of the charges in the subject matter of the enquiry to be conducted had been given to the said Hugh McG. Willson, who did not appear, either personally or by counsel, on Wednesday, the 6th day of December, 1893, at the City of Toronto, when witnesses were examined in support of the petition and when the letter hereto annexed, from the solicitor for the said Hugh McG. Willson to your Committee, was read; and after hearing the evidence, which herewith accompanies this report, and upon hearing the statements made by the solicitor for the said Hugh McG. Willson to your committee, at a meeting held on the 11th day of June inst., your committee arrive at the following conclusions:

1. As to charge 1, which alleges "That the said Hugh McG. Willson has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by causing to be published in the public newspapers of the city of Toronto and other towns and cities in the Province of Ontario, and particularly in the *World*, the *Globe*, the *Mail* and the *Empire*, in the issues published between October 16th and October 27th, 1889, inclusive, and in the *London Free Press* and *London Advertiser*, in the issues published between October 26th and November 1st, 1889, inclusive, the advertisement of which a copy is hereto annexed and marked Exhibit 'A,' whereby the said Hugh McG. Willson endeavored to impose upon the credulity of the public for the purposes of gain, by attempting to deceive all such persons as might read the said advertisements, and particularly those suffering from any disease or ailment, that an opportunity would be offered to them to receive treatment and advice for three months, free of charge, by a staff of physicians, surgeons and specialists of repute and position, both in this Province and in England and the United States, and who were alleged to be travelling from place to place in the Province of Ontario, whereas, in fact, no such persons were travelling in the Province as alleged, or were in any way connected with the said Willson, and all persons who went to the place named in the said advertisement for the purpose of consulting such physicians, surgeons and specialists were met only by the said Willson and were not treated free of charge as advertised."

Your committee find the charge proved as to publication in the *World* of the 16th October, 1889 (evidence not being tendered as to publication in the other newspapers mentioned in the charge); and your committee find the balance of charge 1 proven.

2. That the said Hugh McG. Willson has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by representing to such persons as came to consult him, and particularly to one Samuel Croote and to the wife of the said Croote, that he was one of such staff of physicians, surgeons and specialists as described in the advertisements in the next pre-



ceding charge referred to, and by endeavoring to obtain money from such persons instead of treating them free of charge as represented in said advertisement, and when unable to obtain fees from such patients by advising the use of certain medicines and preparations which he offered for sale, and it is further charged that the offer of free services in said advertisements made, was merely a fraudulent and disgraceful scheme and device to induce persons suffering from various ailments to call at the places therein mentioned, and to obtain money from them upon the pretenses above set forth.

3. That the said Hugh McG. Willson has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by advertising in various places in the Province of Ontario and particularly in the city of Toronto, in the County of York; in the town of Sarua, in the County of Lambton; and in the town of Orangeville, in the County of Dufferin, by means of advertisements in the form of the posters or handbills, of which copies are hereunto annexed, and marked Exhibits "B," "C" and "D," respectively. And in the allegations in the preceding charges, with regard to statements in the advertisements therein referred to, are repeated with regard to the said Exhibits "B," "C" and "D."

4. That the said Hugh McG. Willson has been guilty of infamous or disgraceful conduct in a professional respect, the particulars of which are as follows: That is to say, by travelling about from place to place in the Province of Ontario and advertising as a medical practitioner in connection with the persons described in the advertisements in the next preceding charge referred to.

5. And further, that the said Hugh McG. Willson has, by the publication of such advertisements as above, been guilty of infamous or disgraceful conduct in a professional respect.

Signed on behalf of the committee.

HENRY W. DAY,  
*Chairman of Committee.*

Moved by Dr. Moore, seconded by Dr. Bergin:

*Whereas*, the Committee on Discipline reported in writing to the Council in the case of Dr. Hugh MacGregor Willson, registered as Hugh Willson, as appears by such report on file and in possession of the Registrar; and

*Whereas*, the said Dr. Hugh MacGregor Willson has been called upon to show cause why the Council should not act upon the report of the committee by verbal notice to his solicitor, who attended a meeting of the said Discipline Committee, and waived service of notice, as appears by the official stenographic report of the meeting of the Discipline Committee; and

*Whereas*, the said Dr. Hugh MacGregor Willson has not appeared; and

*Whereas*, the offences charged and reported as proved by the said committee are not within the proviso contained in Sub-section 2 of Section 3 of the Ontario Medical Act as amended; and

*Whereas* as to the said facts stated in the report of the said Discipline Committee, the Council now resolve to act and hereby adopt the said facts and

report as to the finding of the facts in the case of the said Dr. Hugh MacGregor Willson. Be it therefore

*Resolved*,—That upon the application herein and upon the enquiry hereinbefore the said Discipline Committee, and upon the report of the said committee, and upon the facts therein found and hereinbefore adopted by the said Council, the name of "Hugh MacGregor Willson" now appearing in the Register as Hugh Willson, is hereby erased from the said Register, and the Registrar is hereby directed to erase the name of the said Hugh MacGregor Willson from the said Register, and to alter and amend the same accordingly.

And it is further directed, under the provisions of the Ontario Medical Act, Section 33 "B," that the costs of and incidental to such erasure be paid by the said Hugh MacGregor Willson to the College of Physicians and Surgeons of Ontario forthwith after taxation by one of the taxing officers of the High Court of Justice for Ontario.

And the Registrar is directed, after such taxation, to obtain the issue of such execution or executions as may be necessary for the collection of such costs by the said college.

Carried unanimously.

Dr. Harris moved, seconded by Dr. Ruttan, that this Council be adjourned to meet again at 10 o'clock to-morrow morning, in order to give the committees an opportunity to organize and prepare their reports for presentation. Carried.

### THIRD DAY.

*Thursday, June 14th, 1894.*

The Council met at 10 a.m., according to motion for adjournment. The President, Dr. Philip, in the chair, called the Council to order. The Registrar called the roll, and the following members were present:

Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Sir James Grant, Harris, Henderson, Henry, Johnson, Logan, Luton, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrugh, Ruttan, Thorburn, Vernon and Williams.

The Minutes of the preceding meeting were read by the Registrar, and confirmed and signed by the President.

Dr. DAY—With the permission of the Chair I wish to say before you go into routine, that Mr. Lennox, the architect for the new Court-house building, and also the architect for this building, is here, and says that at any time the Council would fix he would be pleased to take the members through the new city buildings and Court-house. I was over there yesterday, and I really think it is worth seeing; it is very interesting, and it will give the Council some idea of what is going to be done here near our property.

Dr. ROSEBRUGH—I think the idea would be a very good one in view of the likelihood of our being called upon or invited to sell this building. The new building is almost within a stone's throw of this, and the question may arise whether it will destroy our prospect of re-renting here, or increase it; whether it will depreciate or increase the value of this property, and I think the more information we get upon that subject the better.

It was decided by voice of the meeting, without motion, to meet Mr. Lennox at four o'clock and proceed to view the new Court-house and city buildings.

#### NOTICES OF MOTION.

1. Dr. Johnson, to grant to the library their rooms free of expense.

2. Dr. Bray, to take into consideration the advisability of establishing a uniform curriculum for the nurses in the various training schools and hospitals in Ontario.

3. Dr. Miller, that each member of this Council be supplied with a copy of the Treasurer's report.

#### COMMUNICATIONS, PETITIONS, ETC.

Dr. Rogers presents a petition and communication from Dr. F. Hanna, of Perth, respecting a student named Drysdale. Referred to Education Committee. The Registrar reads communications from John A. Creasor and two others *re* the printing for the Council. Referred to Printing Committee.

And a communication from N. Washington asking for reinstatement upon the register. Referred to the Registration Committee.

#### MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

Dr. Harris moved, seconded by Dr. Ruttan, that By-law No. 63 to appoint a Committee on Discipline be now read a first time. Carried.

Dr. Harris reads By-law No. 63.

Dr. HARRIS—I may say, Mr. President, that I will not move the second and third reading of this by-law until after the Committee on Discipline have reported. By-law received; further consideration deferred.

Dr. LOGAN—I beg leave now to move, in accordance with my notice of motion, seconded by Dr. Williams, that in view of the opposition on the part of the public as a prophylactic or preventative against small-pox, this Council would respectfully urge upon the Health Office Department of Ontario, having charge of the collection of vaccine matter, the desirability of furnishing each Medical Health Officer in Ontario with full particulars of the method or methods adopted by the officers in charge in this department. We believe that this information would materially lessen the prejudice against vaccination, and assist the medical profession in securing the more general use of it. The medical vaccinators possessed of this knowledge, would be able to assure their patients that all possible care was used in procuring the matter, and would thus quiet the fears of those who may justly be prejudiced against using matter, the procuring of which is equally unknown to them and to their medical adviser.

In introducing this motion, in the first place, I may say that I am in favor of vaccination, providing I can procure pure matter. Some two months ago I saw by our press that several cases of small-pox had occurred in the adjoining Republic, and that possibly we would be visited by that disease before long, and I was anxious to secure pure matter, in the event of being compelled by law to vaccinate, I called upon our Health Officer, Dr. Robillard, with a view of finding out if he knew anything more about it than I did. I asked him the question, "Do you know anything about the manner in which the vaccine is prepared in

this country?" And he said, "I do not." I asked, "Who has charge of it?" He said, "I know not." "Well," I said, "don't you think it is a reasonable thing to endeavor to find out, in view of our probably being shortly compelled to use vaccine matter?" He said, "I quite agree with you." I said, "Supposing you write to Dr. Bryce and ascertain all about it." He did so, and got a short letter from Dr. Bryce to this effect, which I saw, "The collection of vaccine is under charge of the Ontario Government, and it is under the charge specially of Dr. 'someone,' a thoroughly qualified medical man." I said, "That is very well that far—the assurance first that it is under the charge of the Government, and secondly, that it is under the charge of a thoroughly qualified medical man, but that is not satisfactory to me; I want to know what is the *modus operandi* or procedure followed in collecting this matter. I am not doubting at all but what he is taking the greatest possible care in doing so, but I don't know it, and I want to know it." He said he would bring it before the Local Society there, and make a request through the various medical men of the society, and let all know it. For some reason or another, of a local nature, in Ottawa the affinities are not exactly in line, and for reasons that I need not mention I did not get the information. And I thought as I was coming to the Council, I would bring it before the Council as a body, because you are all interested in this matter just as much as I am. I think it is highly desirable that every medical man should know just what kind of matter he is getting and using. If this Council simply makes a request to the Health Department to furnish it with the steps taken by the Department in procuring this matter I think the information will be furnished. It is surely not unreasonable, it cannot be unreasonable, for us to wish to know, for instance, something about the history of the calf from which the vaccine matter is obtained; and, secondly, whether it is taken from the lymph in its lymph stage, or whether it is taken from the crust dissolved afterwards, which you all know is a very different thing. All this we want to know, so that our Health Officers will be supplied with this information and can supply the profession generally with it; and then practitioners can tell their patients, "We know all about the collection of this matter and have every faith in its purity." That would surely relieve the conscience of most medical men; and it strikes me no medical man should be called upon to introduce this poison into the blood of his patient without having some reasonable ground for belief that it is pure matter.

Dr. GEIKIE—I would like to speak to the motion Dr. Logan has just moved. I regard it as of a great deal of value. I would suggest to Dr. Logan to add to his motion, "with a view to the prevention of small-pox getting a foothold in the country, and the stamping out any epidemic if it should get a foothold." It is exceedingly desirable to promote the general practise of vaccination, and I know of nothing that would overcome prejudices better than full information as to the kind of matter procured, showing that it is absolutely pure, and what precautions are taken to insure purity. It is very necessary that that should be not only known in a general sort of way, but in a particular way, so as to do away with this senseless prejudice,



Dr. RUTTAN—I agree very fully with what has been said about the vaccine, but it must be borne in mind that people in country places, in a great measure, do their own vaccinating. They will vaccinate the whole family and the neighborhood from a successful vaccination, and there is no discrimination made as to whether the person from whom the vaccine matter is taken is healthy or not; they will vaccinate from consumptive children and from children that are not very clean in habits, and a medical man can have no control over what the people do themselves. Then, again, people will not bring their children to be vaccinated, and will not have themselves vaccinated unless there is a case of small-pox in the neighborhood or an epidemic broken out near by which alarms them, and there should be some authority to compel them to be vaccinated.

Dr. FOWLER—I think the motion is a very proper one. But I do not agree with the mover of the motion that there is a general objection on the part of the public to vaccination. I have found, instead of any objection, a great anxiety on the part of the public to have their children vaccinated, and I think the motion should be modified, as we should not send forth from this Council the notion that there is on the part of the public an objection to vaccination.

Dr. HARRIS—In the city of Brantford, vaccination is really made compulsory, and I do not think it is objected to at all, at least I have not heard any objection taken by the people themselves to it. Speaking in regard to the purity of the vaccine, the Medical Health Officer at Brantford has assured the profession there of the purity of the vaccine, which is obtained daily, I believe, from the Ontario farm at Palmerston. I think that Dr. Stewart is the head of that institution.

Dr. BRAY—What Dr. Harris has said is all very true, but we have no guarantee, as Dr. Logan has very properly said, that the source from which this vaccine comes is clean, healthy and free from disease, and I think it is a very important matter indeed that this should be looked into. I have no doubt that every medical man in this room has had vaccine points, with which he has vaccinated four or five children and, leaving out of the question the predisposition of those children, the effects have been extremely different, not from the same vaccine point, but from the same lot of points. You find one point that acts nicely and mildly and does not set up undue inflammation. That may be claimed to be due to the constitution of the child. But another point sets up a violent inflammation and shows symptoms that are dangerous. I think that the children being healthy and all things being equal, those differences show there is something wrong in the vaccine. We are all familiar with the facts that I speak of, and while the Medical Health Officer and the Secretary of the Board of Health and the gentleman who conducts the production of this at the farm may all believe it is all right, still there should be something further; we should have some knowledge, as Dr. Logan very properly puts it, that the source from which we receive this supply is absolutely clean and pure.

Sir JAMES GRANT—I am very glad, indeed, to have the pleasure of being here when Dr. Logan introduced this resolution as to vaccine. We all know perfectly well there are individuals to-day, although they are not

in the majority, who oppose the principles of vaccination. I fancy they do so without understanding what they are opposing. If there is any preventative that is of service in connection with the disease specially referred to, it is the application of healthy vaccine. We know it is a recognized principle now in every civilized country. I do not see why there should be any doubt at all upon the subject. But there is one point especially that I look upon as being of very great importance in this resolution; it is this, that within a few years the subject of tuberculosis, as spread through the cattle, is now attracting a very great deal of attention; and it is extremely important that those who collect vaccine and distribute it among the members of the profession, should pay the closest attention possible to the animals from which the vaccine is taken, to see that nothing in the shape of tuberculosis exists in them. Fortunately, in Canada, I think, consumption is not on the increase, still, it is proper for us as a profession to direct the attention of those who collect vaccine to these important points; and the more closely these important subjects are investigated, the better it will be for the public generally.

Dr. RUTTAN—We cannot govern vaccination in country places, where they propagate, in nine cases out of ten, by taking the vaccine from child to child.

Dr. MOORE—I think it is a step in the right direction. I think it is very important that we should have pure vaccine. It has been asserted, and asserted upon very good authority, that four per cent. of the cows to-day of the country are suffering from tuberculosis. I am not in a position to say, from a scientific standpoint, whether it is possible for the bacilli of tuberculosis to be conveyed through the vaccine or not, although we know it is conveyed through the milk. Whether that question is settled or not, I think it is time we took some precaution, at all events, to see that the animals from which the vaccine is derived are healthy and free from tuberculosis.

Dr. HENRY—I was with Dr. Stewart, who has control of the vaccine, not long ago, and I know he exercises great care in procuring the vaccine. So far as tuberculosis being conveyed through the medium of the vaccine, I know nothing; and if, as Dr. Moore says, four per cent. of the animals in the country are attacked with tuberculosis, it is quite likely the very animals from which Dr. Stewart procures his vaccine and on which he propagates it may be infected with the disease, as he has been getting cattle from the experimental farm, and perhaps he has got some affected with tuberculosis. I think the motion is in a right direction, but I would go a little further and suggest that the Government might send samples to all the medical men in the province, to enable them to test the vaccine.

Dr. MILLER—I do not know that that suggestion would be of any service. The circumstance pointed out by Dr. Bray is one which undoubtedly is the experience of almost everybody who has used vaccine; of ten points put up in one package, several will have a very nice effect, while the vaccination resulting from the use of others from the same package will have an appearance which you are very sorry to see. That may be due to the presence of pus mixed with the vaccine, which probably might be due, as has been suggested, to the softening or solution of the crust;



while some which has had a more quiet effect, and equally as good a protective effect, may have been taken from the pure lymph. I think it is a matter of very great importance that the point should be ascertained whether these vaccine points are universally prepared, or in a great measure prepared from the lymph or from the softening of the crust. And I fail to see where the advantage would be in sending the samples to the profession, but I am quite strongly of the opinion that if some means of inspection were provided, by which the profession would be assured as to the way in which the vaccine on these points is collected and the way in which they are prepared, it would be a matter of very much importance to us and would be much more satisfactory to our patients.

Dr. THORBURN—A suggestion was made that this resolution should be enlarged, that a rider should be added to it to explain it more fully, but I don't see any reason for that at all, because the resolution is sufficiently comprehensive. Of course, we know what it means; it is not only purity of vaccine, which is of great importance, both as to origin and mode of preparation, and also the mode of operation with; and I think there should be a little more practical instruction given in our hospitals in reference to not only the origin and preparation of vaccine, but the method of vaccination. I recollect a most lamentable thing that occurred, not in our place, of a man who took a gold medal at a university.

A VOICE—At the Toronto School of Medicine?

Dr. THORBURN—No; it was the other fellow. He had been away some months. He knew me pretty well and he wrote me a letter and said, "My dear doctor, don't tell the fellows over the way, but will you send me some vaccine and tell me how to use it." This was one of the most brilliant men of his day. I think that we should insist upon the hospitals giving instructions on the correct method of vaccination; they do it or not, as they like, in a haphazard sort of way, with an old rusty lance, a piece of broken crockery or anything that is at hand, in a most careless manner. I think the Council is indebted to Dr. Logan very much for this resolution; I consider it a very practical one. And I consider also that practical information on the lines of which I spoke should be given to the students.

Dr. BRITTON—I would concur in any resolution which would give us, as a profession, a firm assurance that the vaccine that we are using is pure, and would thus place us in a position to conscientiously say to our patients, there is absolutely no risk of this conveying any human disease to the patient. Further, I think it is desirable, if such could be accomplished, that the Provincial Health Board should be empowered and instructed by the Government to exercise such supervision over the vaccine farm as will secure for us that assurance which we desire.

Dr. WILLIAMS—In seconding Dr. Logan's resolution I felt it was a matter over which the Council had no control, but it was a matter which they might as medical men express an opinion, and possibly a stronger opinion than an equal number of medical men individually speaking, because of the position they happen to occupy; and that is why I supported the resolution that Dr. Logan proposes. I think, with Dr. Fowler, that possibly the expression is a little too

strong, where it intimates that the general public is averse to vaccination.

Dr. LOGAN—I have changed my motion paper to read "Part of the public."

Dr. WILLIAMS—I think that would probably be more correct than the broader, larger statement.

Now, Dr. Britton intimates that the Provincial Board of Health should have control over this vaccine farm to see that the matter was properly prepared; and another gentleman suggests that an inspector should be appointed. As I understand it, the Provincial Board of Health has control at the present time over this very farm; and if the man they appoint is not sufficiently competent to do this work properly and reliably, without having another man to stand by and watch over him as an inspector, the sooner he is removed and a reliable man placed there the better. I should fully agree with the idea of having the entire stages that this preparation goes through made known to the public, and then we shall know that every possible precaution is being taken. As Dr. Grant has said, there has been a very great advance in pathology in the last few years, and what was considered a sufficient guarantee a few years ago is no guarantee at all to the medical men of to-day. It is not so very many years since it was considered quite sufficient—even in the large London hospitals of perhaps twenty-five or thirty years ago—if students, when they went up to the College of Surgeons, would put in a certificate that they had been taught how to take vaccine points from individual persons. Time went on after that; we were becoming very intelligent and giving all possible guarantee to the public when we told them we no longer use what is taken from individuals indiscriminately, but we get lymph taken directly from the heifer. But pathology has made it clear to us this is no guarantee at all; that it is possible to take it from tuberculous animals. Now we have to take a step further, and we have to be assured that those animals are as pure as it is possible to get them. I do not at all like to accept the views thrown out by Dr. Moore—I do not suppose he says it upon his own authority—that four per cent. of the cows of this country are troubled with tuberculosis. I do not believe anything of the kind, or if I did I would think we had better get ready to die of tuberculosis very soon. I think one-fifth of one per cent. would be a great deal nearer the truth. I think, perhaps, if this resolution does no good because of our having no power to enforce it in any shape whatever, it will do good in this respect—it will bring the Ontario Board of Health and the parties managing that farm to the knowledge that the profession are watching them very closely, and want very accurate information as to how the matter is prepared. And it will put a pressure upon them, which will make them be a very great deal more particular than they might be, were they not under that impression; and I think in that way it will do a great deal of good.

Dr. ROGERS—Having heard that resolution, I would like to point out where it seems to me to be defective—I quite agree with the spirit of Dr. Logan, in bringing this matter before the Council, and I believe his intention is to reach after this one point of getting vaccine matter from calves which are perfectly healthy and non-tuberculous. If that is true, I think Dr. Logan might have done better by wording his motion

more plainly—the words he uses are “The medical health officers of Ontario shall be furnished full particulars of the method adopted in collecting vaccine matter;” and I think that might be easily taken by Dr. Bryce as referring to the stages adopted in actually loading the points from the vesicles of the animals, and not as asking for the history of the animals from which the vaccine is taken. In other words, I think there should be a clause inserted in this resolution asking that every care be taken that no unhealthy animal, no tuberculous animal should be used to take the vaccine matter from.

Dr. LOGAN—That is not the only disease.

Dr. ROGERS—It is one of the most important just now, however. What I want to point out is this, the way the resolution reads we are not sure we are asking the health officer to give us the guarantee that none but healthy animals are used.

Dr. MOORHOUSE—About two weeks ago I had a communication from Dr. Stewart of the vaccine farm at Palmerston, and if any gentleman of the Council wished to obtain full particulars from him, I am sure he would be very glad to furnish them. Dr. Stewart has a very neat little pamphlet published, in which he describes the various operations performed in securing this vaccine, and the mode of examining the young heifers from which the lymph is obtained as to their health; and I think he does lay special stress upon the examining of the animals as to tuberculosis. I might say it is not a matter on which bacteriologists are at all decided as to whether tuberculosis can be conveyed by lymph without containing some blood elements. And I think also pathologists are undecided whether syphilis from the human arm could be conveyed by lymph. I do not think that any disease can be conveyed by lymph, pure. I think probably the greater danger might be from lymph that had not been properly prepared, undergoing putrefactive changes that might introduce some diseases in the blood and tissues of the individual vaccinated.

I think this discussion, however, is beyond our power: that such a resolution passed by us would have no more effect than coming from the Ontario or the Dominion, or any other medical association. And I think a good deal of valuable time has been wasted over this matter. We are none of us authorities by which an opinion can be conveyed to the country to satisfy an uneasy public mind. I think it purely belongs to the Board of Health, and anything we could say would be only advisory. I think if one looks at the list of names on that Board of Health it should be sufficient guarantee that they would exercise sufficient caution in sending lymph throughout the land.

Dr. PHILIP—Dr. Stewart some time ago issued a little pamphlet, describing the mode of preparation and so forth of the lymph obtained from the heifers at the Palmerston farm. We have had in Brantford, perhaps, a little more to do with the subject of vaccination of recent date than some others, because our School Board passed a by-law that no child should attend a public school without a written certificate from a physician that the child had been vaccinated. Our Health Officer made enquiries from the Provincial Board of Health, and through Dr. Stewart, and every week for the last few months we have got the points fresh from the vaccine farm. I may say that I have vaccinated over a hundred children within the last

four or five weeks, and out of that number I know of no vaccination that has caused any bad results. I have reason to believe the greatest caution is taken up at that farm in order to have everything in the utmost state of cleanliness and to insure purity of the vaccine. Still, I think the motion of Dr. Logan will do a great deal of good. Speaking again of Brantford, I am sure there has been 500 or 600 or 700 children vaccinated there recently, and I have not heard of one single complaint as to the result.

The President put the motion and declared it carried.

Dr. BERGIN—I gave notice of motion the day before yesterday that I would move on the next day for the presentation of an address to His Excellency the Governor-General, upon his assuming the viceregal office in Canada. I have deferred my motion until Sir James Grant could be present. I understand that on previous occasions of this kind, upon a new Governor being appointed, that this Council, as representing the Medical Profession of Ontario, had presented addresses, and if such has not been the case, though I am quite certain it has been heretofore, we would be establishing a good precedent; and I move, seconded by Dr. Moore, that an address be presented to Lord Aberdeen, expressing the satisfaction of this Council upon his appointment to the high office of Governor-General of this Dominion; and that Sir James Grant and Drs. Campbell, Williams and the mover and seconder be a committee to prepare the said address. Carried.

Dr. BRITTON—In accordance with the notice of motion which I gave yesterday, I will now move, seconded by Dr. Thorburn, that a Fall examination be held in Toronto on the 3rd of September, that candidates who have failed in a former examination be required to pay a fee of \$20 for this examination.

This is just simply following the same course we followed last year. I find from the report of the Treasurer that the last year's examination was so successful as to leave a considerable surplus in favor of the Council. This examination is not going to cost us anything, but there will likely be a surplus, as last year there was a surplus.

Dr. THORBURN—Fall examinations have always been successful. We have never lost anything by them.

Dr. ROGERS—Is not the 3rd of September too early a date?

Dr. BRITTON—I fixed that date as a concession to students for one reason, and in the next place I think it would be advisable this year that the examinations should be over early. My reason for saying that is, I think it would be advisable to have the examinations all over before the elections are held because, though we do not know, it has been said in the public press that there is a possibility of another session of this Council being called this year after the elections. That we cannot tell anything about. I do not expect there will be, but to provide for such a possibility it would be wise to have the examinations early, in order that the reports might be in in time, in case there should be a session of the next Council. I have no objection to defer the examinations to a later date in September if it is more in accord with the sense of the Council.

Dr. WILLIAMS—I understood we had settled this



matter sometime ago and we had agreed there should be two examinations held in the year and that we fixed definite and specific dates for those examinations so that there would be no changing back and forth at all. If we were not correct in that, then Dr. Britton's motion is in order, but if we were correct that we did fix two definite examinations a year, and fixed a definite time on which they should be held, then the Council cannot change that time without very mature consideration. You will recollect a few years ago a great deal of fault was found, and justly found, for allowing the examinations to be shifted back and forth; and we were compelled to advertise, not only in the *Medical Journal*, but in the local daily papers in order that the profession might be able to learn the date of our examination. Then, in order to avoid that we fixed a definite date, and in connection with the fall examination we fixed a definite date, and we should not change from that date unless there is good and sufficient reason shown for doing so.

Dr. BRITTON—If I understand Dr. Williams aright, he says we have laid down as an established rule that hereafter we shall have two examinations each year. I do not see that the records will bear that out. On page 19 of the Announcement, under heading No. 12, it says "A professional examination will be held in Toronto on the second Tuesday of September, 1893." That was, after some discussion we arrived at the conclusion we should have a second examination last year; and the second Tuesday in September was the date fixed, but we did not lay it down as a precedent that we should have a second examination each year. I hope we shall. But that was not done. Provision was simply made for a fall examination last year. As Dr. Williams has said, we have tried heretofore to adhere to the same date each year. And I have no objection to changing the date in my motion from the first Tuesday to the second Tuesday in September, which will leave it the same date as that on which it was held last year.

Dr. MILLER—Before you put the resolution, might I ask if it is not competent for a student to go up at this examination who may not have gone up in April?

THE PRESIDENT—Certainly.

The President now put Dr. Britton's motion as amended and declared it carried.

Dr. Bray moved, seconded by Dr. Johnson that the Council go into Committee of the Whole on his by-law re the election of territorial representatives. Carried.

Council in Committee of the Whole. Dr. Bergin in the chair. The by-law was read a second time, clause by clause, and amended as follows:

#### BY-LAW No. 59.

*By-law to provide for the Election of the Territorial members of the Medical Council of the College of Physicians and Surgeons of Ontario.*

WHEREAS power hath been granted to the Medical Council of the College of Physicians and Surgeons of Ontario, to make by-laws to regulate the time and manner of holding the elections under the provisions of the Ontario Medical Act, R. S. O. 1887, c. 142, 56, 50 V. c. 24, S. 1., and amendments thereto, be it therefore enacted as follows:

Dr. Bergin in the chair.

1. That this by-law shall only apply to the election of territorial representatives of the divisions named in Schedule "A" and appended to the amended Medical Act of 1893, and for appointing returning officers for the ensuing elections of territorial representatives to serve in the Medical Council for the time allotted to them in accordance with the amendments to the Medical Act as made in 1893; that is to say:

No. 1. For the Counties of Essex, Kent and Lambton, Dr. J. P. Rutherford, Chatham, Ont.

No. 2. The Counties of Elgin, Norfolk and Oxford, Dr. C. E. Duncombe, St. Thomas, Ont.

No. 3. County of Middlesex, Dr. B. Bayly, London, Ont.

No. 4. Counties of Huron and Perth, Dr. A. Taylor, Goderich, Ont.

No. 5. Counties of Waterloo and Wellington, Dr. A. MacKinnon, Guelph, Ont.

No. 6. Counties of Bruce, Grey and Dufferin, Dr. C. Barnhart, Owen Sound, Ont.

No. 7. Counties of Wentworth, Halton and Peel, Dr. F. E. Woolverton, Hamilton, Ont.

No. 8. Lincoln, Welland, Haldimand and Brant, Dr. U. M. Stanley, Brantford, Ont.

No. 9. Simcoe, District of Muskoka, Parry Sound, Nipissing, Algoma, including Manitoulin, Thunder Bay and Rainy River, Dr. H. G. McCarthy, Barrie, Ont.

No. 10. The City of Toronto lying east of Yonge Street, Dr. George Bingham, Toronto, Ont.

No. 11. The City of Toronto lying west of Yonge Street, Dr. R. B. Orr, Toronto, Ont.

No. 12. County of Ontario, Victoria and York, exclusive of Toronto, Dr. J. F. Gilmour, Toronto Junction, Ont.

No. 13. Northumberland, Peterboro' Durham and Haliburton, Dr. R. P. Boucher, Peterboro', Ont.

No. 14. Counties of Prince Edward, Hastings and Lennox, Dr. H. W. Day, Belleville, Ont.

No. 15. Counties of Frontenac, Addington, Renfrew and Lanark, Dr. A. S. Oliver, Kingston, Ont.

No. 16. Counties of Leeds, Grenville and Dundas, Dr. W. P. Buckley, Prescott, Ont.

No. 17. Counties of Carleton, Russell, Prescott, Glengarry and Stormont, Dr. E. C. Malloch, Ottawa, Ont.

2. That any member of the college presenting himself for election as the representative to the Medical Council of the College of Physicians and Surgeons of Ontario for a Territorial Division, must receive a nomination of at least 20 (twenty) registered practitioners resident in such division, and that such nomination paper must be in the hands of the Returning Officer of the division not later than the hour of 2 o'clock, p.m., on the 9th of October, the second Tuesday in October, 1894.

In the event of only one candidate receiving such nomination, it shall then be the duty of the Returning officer to declare such candidate duly elected, and to notify the Registrar of the College by sending him such declaration in writing.

3. That the Registrar of the College shall send to every registered member of the College of Physicians and Surgeons of Ontario (excepting only those who are registered as the Homeopathic members thereof), a voting paper (in accordance with the residence given



on the register) in form of Schedule "A" attached to this by-law, and a circular directing the voter to write his or her name as the voter, and his or her place of residence, and the county in which his or her place of residence is situated, and to fill up said voting paper on form of Schedule "A" attached to this by-law, as directed in circular to be enclosed.

The Registrar shall, fifty (50) days before the time for receiving nominations for the elections, which time is second Tuesday (9th) of October, 1894, send a post-card to every registered medical practitioner, excepting the homeopathic members, in the province, in accordance with address in hands of Registrar, giving the dates up to which nominations for representatives to the Medical Council of the College of Physicians and Surgeons will be received.

The Registrar shall advertise in the Medical Journals published in Toronto, during August and September, 1894, the fact that elections for the Medical Council are to be held, stating the time that nominations will be received up till, and the time of holding the election.

Also a voting paper shall be sent to every registered practitioner entitled to receive the same, by the third Tuesday (16th) of October, 1894, and that every member of the college not having received a voting paper, when a candidate has been properly nominated for their division, shall send by post to the Registrar, their name and address, and the Registrar will forward paper to member so applying.

The voter is to be directed in the circular, which is to accompany the voting paper, to send by post or rail the voting paper properly filled up, giving the name and residence of the person for whom he or she votes, enclosed in an envelope, which shall be forwarded along with the circular and voting paper. The envelope in which the voter is to place his or her voting paper shall have the name and the address of the returning officer appointed to act in the territorial division in which the voter resides.

4. That the Registrar of the College shall mail the voting paper to the members of the College of Physicians and Surgeons of Ontario who are legally entitled to vote, according to their addresses in the possession of the Registrar on the third Tuesday (16th) of October, 1894, the postage, etc., all of which is to be paid by the college, and that the Registrar shall forward to any member making application a voting paper for his division after the 16th of October, upon application.

That the Registrar shall place a stamp upon each of the enclosed envelopes, which are to be used by the member of the college in sending their voting paper to the Returning Officer for the division. That the Returning Officer shall receive the votes sent to him up till the hour of 2 o'clock p.m., on the 30th of October, 1894.

5. That the Returning officer in each Division at the hour of 2 o'clock p.m., on the 30th of October, 1894, shall open the envelopes and carefully count and examine the voting papers and make a record of the entire number of votes cast, together with the declaration of the name of the person and address who has received the greatest number of votes, who shall be declared elected as the representative of the Division, and in case two or more candidates receive an equal number of votes, the Returning Officer shall give the casting vote for one of such candidates, which shall decide the election; and then at the hour of 2 o'clock p.m., on the 30th of October, 1894, when the Return-

ing Officer opens the envelopes he has received and counts the votes, all or any of the candidates in the division, or their agents, may be present if duly appointed and authorized to act in writing on behalf of any candidate, and see the envelopes opened and the votes counted, and they shall be permitted to examine all voting papers to satisfy themselves as to the voting papers being properly filled up, and that the persons signing the voting papers were duly registered members of the College of Physicians and Surgeons of Ontario and entitled to vote at the election of territorial representatives in the Medical Council of the College of Physicians and Surgeons of Ontario.

6. The Returning Officer in each Division shall not open any envelopes he may receive as Returning Officer until the hour of 2 o'clock p.m. arrives on the 30th of October, 1894, and that the Returning Officers, respectively, shall seal up and return all the voting papers connected with the election to the Registrar of the college within six (6) days from the time appointed for holding the election, which time is 2 o'clock p.m., on the 30th of October, 1894.

That the Returning Officer shall reject all voting papers that are not properly filled up in accordance with instructions contained in circular which is to be sent with each voting paper.

The Returning Officer shall return all envelopes received after 2 o'clock p.m. on the afternoon of the 30th of October, 1894, stamped as Returning Officer of the Division to the Registrar of the college, unopened and marked "too late."

7. That the Registrar, on receiving declaration from the Returning Officer, declaring a candidate has received the largest number of votes in the Division, shall forthwith inform the candidate declared elected that he has been chosen to represent said Division in the Medical Council of the College of Physicians and Surgeons of Ontario, and the Registrar shall inform each member so elected of the time and place of the first meeting of the Council after said election shall have taken place.

It shall be the duty of the Registrar to attend the said meeting of the Council, and to have with him there and then all the papers and documents sent to him by the Returning Officers, in order that they may be submitted to the Council, and the representatives so named by the Returning Officers as duly elected shall form the territorial representatives to the Medical Council of the College of Physicians and Surgeons of Ontario.

8. It is hereby enacted that the Returning Officer of each Division is to be named by the Council or Executive Committee and appointed by the Council, and in case any Returning Officer appointed either refuses to act, or is incapacitated, that the Registrar shall fill such vacancy by appointing some member of the College residing in the Territorial Division on recommendation of the Executive Committee of the Council.

That the fee for acting as Returning Officer will be ten (10) dollars for each Division.

9. The form of voting paper to be sent to each member of the college, and the form of circular to be used at the election of Territorial representatives to the Medical Council is to be the same as that on Schedule "A" and "B" appended to this by-law.

D. BERGIN,

*Chairman Committee of the Whole.*

June 14th, 1894.

## SCHEDULE "A."

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

*Election for Territorial Representative to the Medical Council of Ontario, 1894.*

The Voting Paper herewith enclosed is to be filled up carefully and put into the enclosed envelope, which is directed to the Returning Officer, and mailed in time to reach him, not later than Two o'clock p.m., on Tuesday, October 30, 1894.

Sign Your Name to Voting Paper.

R. A. PYNE, Registrar,  
Coll. Phys. & Surgs. Ont.,

Adopted, TORONTO, ONT.  
D. BERGIN.

## SCHEDULE "A."

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

## VOTING PAPER.

MEDICAL REGISTRATION OFFICE, S. E. Cor. Bay and Richmond Sts., TORONTO.		<i>Election of Territorial Representatives to the Medical Council of Ontario, 1894.</i>	
The name of the candidate for whom your vote is cast	Residence of Candidate	I ..... residing at ..... in the County of ..... in the riding of ..... do solemnly affirm that I am registered under the Ontario Medical Act. That the Signature affixed hereto is my proper handwriting; That I have signed no other Voting Paper at this Election; That I have not voted in any other Division at this Election; That I am a resident of this Division in which I now vote; That this Voting Paper was executed on the day of the date hereof by me.	
		Witness my hand this ..... day of ..... A.D. 1894 (Signed).....	

Approved,  
D. BERGIN.

On motion the Committee rose, reported progress and asked leave to sit again.

The President in the chair.

On motion the report of the Committee of the Whole was adopted.

Dr. Logan moved, seconded by Dr. Luton, that the Council go into Committee of the Whole on the bill for the election of Homœopathic representatives. Carried.

Council in Committee of the Whole. Dr. Bray in the chair.

## BY-LAW No. 60.

*To provide for the Election of the Homœopathic Members of the Medical Council of the College of Physicians and Surgeons of Ontario :*

WHEREAS, power hath been given to the College of Physicians and Surgeons of Ontario to regulate the time and manner of holding the election under the provisions of the Ontario Medical Act R.S.O. 1877, C. 142, 56, 50 V.C., 24 S.I. and amendments thereto, be it therefore enacted as follows :

1. This by-law shall only apply to the election of the homœopathic members to the Medical Council of Ontario.

2. That the Register shall send to every registered homœopathic member of the College of Physicians and Surgeons of Ontario a voting paper and circular, directing each to write his name, his residence, etc.

3. That on or before a certain time to be named in the circular sent to each voter, the voter shall send by post, or mail to the Registrar of the College, so that the Registrar shall receive the same on or before the 30th day of October, 1894. The said voting paper, enclosed in an envelope, which is to be sent to the voter with the voting paper filled up properly with his name and residence, and the person or persons for whom he voted.

4. That R. A. Pyne, M.D., Registrar of the College of Physicians and Surgeons of Ontario, is hereby appointed Returning Officer for the said Homœopathic Elections to take place on the 30th day in October, 1894, at the hour of 2 o'clock p.m., and in case a tie occurs, the Returning Officer is to give the casting vote, which will decide the election.

5. The said Returning Officer shall carefully preserve the voting papers sent to him, and shall upon the day appointed, at the hour of 2 o'clock p.m. on the said day, open and examine the voting papers sent to him, and carefully count the votes, and make a record thereof, of the votes cast, and shall inform by letter the five homœopathic candidates having the greatest number of votes that they are elected as the homœopathic representatives in the Medical Council of the College of Physicians and Surgeons of Ontario.

And the said Returning Officer shall, after counting carefully the votes contained in the envelopes, preserve the voting papers and all other documents, envelopes, etc., sent to him connected with the election of the homœopathic members of the College of Physicians and Surgeons of Ontario, and present the same to the Medical Council.

6. The Returning Officer shall not open any paper or document he may have received as Returning Officer for the homœopathic elections after 2 o'clock p.m., on the 30th day of October, 1894.

7. The Returning Officer shall not count any voting paper that is not properly filled out, in accordance with instructions contained in the circular which has accompanied the voting paper when sent to the voter.

8. The Returning Officer shall permit any candidate, and the agent of any candidate duly appointed and authorized in writing to act on behalf of any candidate, to be present at the counting of the votes, and who shall be permitted to satisfy himself as to the voting paper being properly filled up, and that the person signing the voting paper was a duly registered member of the College of Physicians and Surgeons of Ontario, and entitled to vote at the election of the Homœopathic representatives in the Medical Council of the College of Physicians and Surgeons of Ontario, may examine any or all of the voting papers.

9. The form of voting paper for the Homœopathic election is to be the same as that on Schedule "A" to this by-law appended.

10. It shall be the duty of the Registrar of the College of Physicians and Surgeons of Ontario to inform the said elected members of the time and place of the first meeting of the Medical Council of the College of Physicians and Surgeons of Ontario.

J. L. BRAY,  
Chairman Committee of the Whole.

Adopted in Council.

D. L. PHILIP,  
President.







hand should such be required in order to advance this great department of science.

We also desire to extend our warmest congratulations to the Countess of Aberdeen, and to wish her every success in those great departments of social science and philanthropic endeavors in which her Excellency is so deeply interested for the welfare and advancement of the best interests of our people. Trusting that your Excellencies' sojourn in Canada may be attended by the fullest share of happiness and success.

Motion adopted by standing vote, amid applause.

Dr. Bergin moved, seconded by Dr. Moore, that the Registrar do cause the address just read to be engrossed and illuminated. Carried.

Dr. Bergin moved, seconded by Dr. Moore, that the address to His Excellency the Governor-General be presented and read by Sir James Grant, accompanied by such members of the Council as may be able to accompany him. Carried.

On motion, the Council now went into Committee of the Whole on the by-law *re* the election of territorial representatives.

Dr. Bergin in the chair; and the second reading of the by-law was proceeded with, clause by clause, and the by-law was adopted as amended.

On motion the Committee rose and reported.

The President in the chair.

On motion the report of the Committee of the Whole was adopted.

Dr. Bray moved, seconded by Dr. Ruttan, that the by-law be read a third time and passed and signed by the President, and sealed with the seal of the College of Physicians and Surgeons of Ontario, and numbered as No. 59. Carried.

On motion, the Council now went into Committee of the Whole on by-law, *re* the election of Homoeopathic representatives.

Dr. Bray in the chair; and the by-law was now read a second time, clause by clause, and adopted as amended.

On motion, the Committee rose and reported.

The President in the chair.

On motion, the report of the Committee of the Whole was adopted.

On motion, the form of voting paper and the circular letter attached to each of the by-laws last referred to were adopted as amended.

Dr. Logan moved, seconded by Dr. Lutan, that the by-law, *re* the election of Homoeopathic representatives be read a third time and passed and signed by the President, and sealed with the seal of the College of Physicians and Surgeons of Ontario, and numbered as No. 60. Carried.

Dr. Britton presented the report of the Printing Committee as follows:

#### REPORT OF THE PRINTING COMMITTEE.

June 14th, 1894.

Your committee recommends that the contract of last year, 1893, be renewed with the ONTARIO MEDICAL JOURNAL Publishing Company, and that they be instructed to publish the report of the proceedings of this Council in the Announcement and the JOURNAL, half in June, and half in July, and that they also publish a map of the Province, showing the new territorial

divisions, and insert in the JOURNAL of August, and that they send a copy of the Announcement to every practitioner in the Province, and supply the Registrar of the College with 1,000 copies.

W. BRITTON, *Chairman*.

D. L. PHILIP, *President*.

Dr. Britton also read communications from the *Dominion Medical Monthly*, the J. E. Bryant Publishing Co., publishers of the *Canadian Practitioner*, and from the ONTARIO MEDICAL JOURNAL Publishing Co., and said, after this report was drawn up, another communication was referred to the Committee for its consideration; this communication was also from the *Dominion Medical Monthly*. After having received this I called the committee together for further consideration; and we decided that the report as originally drawn up, and which I have already read to you, should be presented to the Council unaltered. (Hear, hear and applause.) I have no further remarks to make at present; I may make some further on. I beg to move, seconded by Dr. Harris, that this report as read be received and referred to the Committee of the Whole.

Dr. ROSEBRUGH—Wouldn't it be better to refer that to the Finance Committee?

Dr. BRITTON—These documents were originally referred to the Finance Committee, but it was understood that in any reference made to any particular committee that seemed to that committee not to be in its proper place, should be by that committee referred to the proper committee, and this was sent to the Printing Committee by the Finance Committee.

The President then put the motion and declared it carried.

Council in Committee of the whole. Dr. Fowler in the chair.

Dr. ROGERS—I would like to ask the Chairman of the Printing Committee a question—it was not made clear from what he said whether it is the intention of the ONTARIO MEDICAL JOURNAL Publishing Co. to print the report of the proceedings of this Council in the Announcement in addition to the report in the JOURNAL.

Dr. ORR—The intention of the company was, and it was thought to be in the interests of the Council and in the interests of those gentlemen who were candidates in the various territorial districts, that the report should be in the hands of practitioners in the Province at the earliest possible moment; and they considered it would be in the hands of practitioners much earlier by publishing half in the June and the other half in the July number of the JOURNAL, thus getting it in the hands of the profession throughout the Province before the end of July; and the company did not think it would be advisable to duplicate the printing of it in the Announcement after it had been published in the JOURNAL once.

Dr. ROGERS—We have been in the habit of getting the proceedings published in the Announcement each year; this year, according to Dr. Orr's statement, there will be a departure from that course, and a report of the proceedings will not appear in the Announcement; therefore it is not a renewal of the contract. A renewal of the contract would provide for a publication in the Announcement.

Dr. BRITTON—That is what I understood.

Dr. ORR—That was the request the company made.

Of course it was for the Council to decide whether a report of the proceedings is to be published. A report of the proceedings will be published in the Announcement.

Dr. BRITTON—I wish to say that the report of the Printing Committee is not entirely unanimous. Members of the Council are aware from the time of the first agreement entered into between this Council and the Publishing Company, up to last year at least, I was opposed to the principle of subsidizing any journal, no matter where it came from or what its stripe might be. My mind is the same still in the matter. I have nothing further to say on the subject, as I gave my reasons last year. I think it is an undignified course of procedure for us to take, but, as I say, I gave full reasons last year for my conviction in the matter and I need not say anything further now. This is the report of the committee, and I am in a very small minority.

Dr. WILLIAMS—I am fully aware that Dr. Britton took the same position last year and the year before that he does to-day. I am also well aware that the Council did not hold the view taken by Dr. Britton; and I believe, from what intercourse I have had with my constituents, I am safe in saying there is not one step this Council has ever taken that has given more general satisfaction than the sending out of this journal. I am free to confess that I believe the word "subsidizing" is misapplied in that case entirely. If we get down to the value of the printing that is done you will find we are getting more printing done by this ONTARIO MEDICAL JOURNAL Publishing Co. than we could for the same amount of money if we went into almost any printing office in the city of Toronto. If that be true, we are really not subsidizing this journal in any sense whatever; we are simply confining the amount of printing we are getting done to one journal, and we are getting in compensation for that, that journal sent to every medical man throughout the entire province. Putting in the word "subsidizing" at all is a wrong use of the word, and one that conveys a wrong impression, not only to the medical men in Toronto and throughout the country, but as well to the other publishing journals; and I think it should be made clear that we are simply paying for the printing we are getting done. We are not "subsidizing" the journal in the true sense of the word at all. I am aware, in my division at any rate, there were some medical men who were very strongly opposed to the action of the Council, but since this journal has been published they have told me that it makes the way perfectly clear to them to come into harmony with the Council. They had paid no fees in the past, but now they consider they are getting a journal that is fully worth all the fees they have to pay; and they are perfectly willing to pay the fees so long as we send them the journal. If that be true, would it not be the greatest madness to go back? I am more than surprised to think that Dr. Britton has not changed his mind. I believe when a man gets good information that the position he was in before was not the best position, that the manly thing is to change his mind. I believe if Dr. Britton had been in my constituency, and had heard the medical men talk as I did, he would not come to this Council to-day and hold the same view on this subject that he held three years ago. (Hear, hear.)

I trust the Council may adhere to the position they took before, and when we go to our constituents we can say, "When we expect you to pay a fee of one or two dollars a year, we are giving you full value for your money, and bringing you into full harmony with the Council;" and knowing what has been done is the first step to bring the medical men and the Council into harmony, I know of nothing that would be more of a retrograde and worse step than to do away with the JOURNAL that is meeting with the full approval of the medical men throughout the country.

There are propositions here from other Journals, and in reference to this I wish to say, that we are just getting the ONTARIO MEDICAL JOURNAL so known that it is being recognized by the medical men throughout the Province, and to put something else in the place of it you would have the whole work to do over again, and you would undermine what you have done. That would be a very foolish policy for the Council to adopt. When you have a JOURNAL doing the work honestly, and doing the printing at a fair rate, had you not better continue that and get the benefit of it for the future? I think you had.

Dr. HARRIS—I move the adoption of this clause of the report. And while I am on my feet I wish to say I entirely endorse every word Dr. Williams has said. I could not express my sentiments as well myself as he has done for me.

Dr. ROGERS—in regard to this matter of printing. Three years ago I was inclined to agree with my friend, Dr. Britton, that it would be an unwise thing for the Council to recognize any one journal and make it, even in a sense, an official organ. I thought then the journals we had in Ontario—the *Canada Lancet*, and *Canadian Practitioner*, were ably conducted and were first-class journals. I think so still, and I think the feeling of this Council and of the profession of Ontario is one of high regard towards those two journals. But we had here a distinct and very favorable offer on the part of a company to this Council. They, as I understood it then and understand it now, offered to do this for us: It cost us before about \$600 to publish our Announcement in round figures; it cost us a little more if you added to that the publishing of the advertisements; now, for the small sum of \$600, they not only publish our Announcement, but we get all the advertisements we want, and, in addition to that, they gratuitously, in a certain way, give every member of the College of Physicians and Surgeons resident in Ontario a copy of the JOURNAL for nothing. In other words, the Council, by this arrangement, got the ONTARIO MEDICAL JOURNAL sent to every member of the college for nothing.

I quite agree with all Dr. Williams has said, and said so ably, that the term "subsidized" in regard to this JOURNAL is one which is erroneous. You cannot, in any sense of the word, say that a journal which gives us more than a *quid pro quo*, and, therefore, which actually gives us something for nothing, is a subsidized organ. It is, to a certain extent, not an official organ, but it is at least the recognized organ of the Executive body of the profession in Ontario, and as such, speaks in an authoritative manner. And, reaching every member of the College in that capacity, it has the power of doing a great deal of good. I think the members of this Council recognize that our friend Dr. Orr has utilized, in every way that is



possible, his journal in the past year to favor the profession of medicine in Ontario; and to favor, as far as possible, what he thought was right in regard to this Council; and having done so faithfully and honestly, I think it would be the highest piece of ingratitude to say to him, "While you have done this work and done it well we will turn you out and give it to another company, because they come to us and offer to do the same work for the paltry sum of one dollar." I think it would be beneath the dignity of this Council to hear such an offer as that. And I want to bear my record of my high appreciation to the efforts put forth by Dr. Orr in favor of this Council.

Dr. RUTTAN seconded Dr. Harris' motion for the adoption of the report, and said, "I endorse all that has been said in favor of the ONTARIO MEDICAL JOURNAL."

Dr. BRITTON—Before you put the motion there is just one or two words I would like to say. I do not know whether or not it was the intention, but at any rate I infer it was, to attribute the using of the word "subsidized" to myself on this occasion.

Dr. WILLIAMS—No. It has been used by us in past years; and I think it is a mistake to use it at all. I do not wish to attribute it to Dr. Britton at all, but I do wish to say I think it is a misuse of the word "subsidized."

Dr. BRITTON—Part of the reason why I used the word on this occasion, is because it is used also in the communication sent us from the ONTARIO MEDICAL JOURNAL.

Dr. WILLIAMS—I think it is a misuse of the word, and ought to be eliminated.

Dr. BRITTON—I would be willing to use the word "contract." I take exception to the contract we have entered into; and the thing I take exception to is the one clause in which that publishing company, on its part, agree, notwithstanding what Dr. Williams may say to the contrary, to send a copy of the JOURNAL to every member of the profession in the country; it appears from the communication from the ONTARIO MEDICAL JOURNAL that they have virtually paid us some five dollars and a few cents for that privilege. We are conferring a privilege on them to the detriment of other vested interests to start off. That JOURNAL must be supported by some means or other; there must be a *quid pro quo* expected. That JOURNAL is not supported by subscription; it is certainly not supported by us. That \$600 paid per annum is no remuneration to them, because they, in that very transaction, lose \$5.43. The expectation is, of course, that, through the prestige gained by being our official organ, although I disclaim that any journal should be our official organ, that JOURNAL will receive a position by which it will secure advertisements amongst business men and others.

Dr. RUTTAN—That is their own look out.

Dr. BRITTON—Certainly. But I take exception, and I submit that we have no right to lower our dignity and loan ourselves to any corporate body or individual for the sake of advancing his financial interest.

Dr. RUTTAN—We do not do that at all. Nothing of the kind.

Dr. BRITTON—I think we do. It has been also said the ONTARIO MEDICAL JOURNAL has done all it possibly could during the past year to advance the interests

of the profession; and to say all that it could for us where we deserved it. I take exception to that statement; I take very strong exception to it. I do not say it is untrue; I believe that it is true; I believe the ONTARIO MEDICAL JOURNAL has tried to do its work faithfully. As I said, last year, Dr. Orr is a personal friend of mine, and has been since my student days, and if my sympathies went anywhere they would, in all probability, go in the direction of the ONTARIO MEDICAL JOURNAL. But we do not require any advocate. We do not require an official organ in that respect.

Some years ago we made a radical change in our method of procedure here. I was a member of the Council at the time when we concluded we would have full stenographic reports, and would let the profession at large know fully every word that was said in this Council Chamber, because we had come to the conclusion that not as much interest had been taken in the proceedings of this Council, nor in the condition of the profession at large, by the profession itself as there should have been, for the reason that these full reports had not been furnished. To-day that complaint cannot be made; we stand before the public, we stand before the profession; we may be criticized by the newspapers, which are actuated by some sort of animus, that comes from where I do not know—but it would appear as though sinister motives were at the bottom of certain editorials which have appeared from time to time in some of our leading newspapers. We have been assailed by members of the profession. We all know what vituperation has been indulged in. We all know what names we have been called. But we have been trying to do our duty faithfully and well. We are not ashamed of our work. We are satisfied to let any member read our Announcement through and criticize our work; and we will stand by. We do not require an advocate or a journal, a corporate body or anything else.

So far as changing my mind is concerned, I am a little slow sometimes in making up my mind. I always try to take in every aspect of the case. Sometimes I have jumped at conclusions and afterwards found them false, and then changed my mind. I find it is better to take time, and as I sometimes say, to dream over a subject, and when you waken in the morning find it looks differently, or in the words of the old song, "Oh, what a difference in the morning." My opinion has been the same these last three years.

I did not intend to say one-quarter as much as I have said, had it not been that the few words I said at first were criticized—of course, in a very friendly spirit, and I wanted to justify myself.

I want, so far as I am personally concerned, the fullest publicity given, as I have already intimated, to our proceedings, so that no member of our profession will be in a position to say, "I do not know what you are doing."

Dr. WILLIAMS—How are they to know it unless they have a journal to send to them.

Dr. BRITTON—We do not require a journal. It can be sent to people in the form of an Announcement. That is all that is required. That is all that is necessary. But I certainly do take exception to entering into an agreement with any journal, whereby that journal will be placed in a position to be able to go around the community and secure advertisements and say,



now, this journal is going to the whole of the profession; they all get it, because it costs them nothing. They advertise this, we are paid by the Medical Council for doing the printing, and we can afford to send the journal for nothing. The Medical Council is a coporate body; an important body; we are in some sense the official organ, and by that means, as I have said before, it gives us prestige (I am referring now to the *ONTARIO MEDICAL JOURNAL*); and, of course, an advertisement in our publication is worth a great deal.

I hope you feel I speak disinterestedly. I am speaking from honest conviction, and, as I said before, I would not have uttered one-half of what I have said, only in reply.

Dr. THORBURN—Do I understand you to say you wouldn't have our proceedings published in any journal at all.

Dr. BRITTON—I do not think it is necessary if they are published in full in the Announcement. I know, however, that on this subject I am in the minority, and have always been.

Dr. BRAY—I feel and I have felt very much in the lines Dr. Britton has taken. I have the very greatest respect and esteem for Dr. Orr. I think the Journal has done a very great deal of good. At the same time I have just the same reason to offer for not being pleased with it as Dr. Britton has. If you have an official organ, why not have it conducted in the same way as the *British Medical Journal* or the journal of the American Medical Association, which are edited by persons in the employ of these associations. If there are any advertisements, and if there is any remuneration coming from these advertisements, the benefits should go to the Medical Council.

I have not a bit of fault to find with the *ONTARIO MEDICAL JOURNAL* in the way it has been conducted; on the contrary, I think it has been well conducted and has done a great deal of good; but there is just this to be said, I do not think this Council has any right to make a contract of this kind with any one. I do not want this Council, or anybody else, to think that I am personally opposed to the *ONTARIO MEDICAL JOURNAL* Company or any of the gentlemen conducting it at all, but I feel I would not be doing justice to myself or my constituents did I not express my opinion in this matter. There are other tenders in, I believe.

I am in favor of paying a fair price for what we receive, and I do not believe in getting anything for nothing. Some of these tenders, on their face, look as if they could not really be sincere, and I do not think some of them can be *bona-fide* offers. I would not like to say they are not, but I do not know what we are going to get from them on their proposition, or how long the terms they offer might continue. I simply wish to put myself on record as being opposed to making a contract of this kind with any person, corporation or journal. If the *JOURNAL* chooses to publish our proceedings, well and good. They are perfectly at liberty to do so. But we have a stenographer, and by having all our proceedings published in our Announcement, and a copy sent to each member of the profession, all our objects would be attained.

Dr. PHILIP—I am not going to speak on this motion at all, but I want to ask Dr. Bray what ground he

took when the contract was originally made with the Company.

Dr. BRAY—I was not in the Council Chamber at the time it was made.

Dr. LUTON—I have listened with a great deal of pleasure and satisfaction to the discussion, not only now before this Council, but as a member of the Printing Committee when it was under discussion before that Committee; and I would like to make a few remarks on the subject. I gather from what has been said that all who have expressed themselves upon the subject to-day, have more than thought that the *ONTARIO MEDICAL JOURNAL* has done well, has accomplished good. Taking that as an almost universally expressed sentiment here, why not continue for another year in the same lines? If in the past year it has accomplished good, why will it not in the future? We should not stickle about the use of the word "contract," or "subsidizing," and that sort of thing. I think I am voicing the sentiment of the medical profession in St. Thomas and the surrounding country when I say they never had anything that gave them greater satisfaction or that they were better pleased with, and that brought them more in harmony, as Dr. Williams has already said, with the Medical Council. From month to month as they get this *JOURNAL* and read it, they learn to take an interest, and to feel more like doing something to support the Medical Council rather than to say or do nothing about it.

Dr. WILLIAMS—Dr. Bray has said that if you would employ a man to write up the *JOURNAL*, and get the advertisements and the profits to ourselves; we would be making something. The Council has not often entered into business speculation; it has once in its time gone into a business speculation; and I believe that once has brought it into more trouble than all the rest of its transaction for the whole period of existence; and I do not think the members of the Council at the present time have any very great zeal for running into another business speculation. Dr. Britton objects to the *JOURNAL* because it brings incidental advantage to the publisher. I do not think that is our object in getting it published; we are getting it published for our own advantage; and if incidentally it brings an advantage to the publisher I do not think we should demur specially to that. We are publishing it in order to bring this Council in touch with the medical men throughout the Province; and I think it is accomplishing that purpose. Now, because while carrying out our purpose it incidentally brings some advantage to the publisher, I do not think we should object specially to that. I admit in all frankness that we had two good medical journals published in this Province before this one came into existence; and I would have been more than pleased had it been within the power of the Council to give the printing contract to one of those journals, but it so happened that if we had an offer at all, and I think we had from some of those journals—at least in the second year—they were altogether beyond what we considered the reach of the Council. This journal was the one that was available, and we accepted; and having accepted it the first year and having found worked satisfactorily we continued it the second year; and now this is the third year.

There is just one other item I wish to mention; when I was out in part of my division last week, I

came across at least two medical men who told me they had supported Dr. Sangster's views, and had done so until they read his later letters as published in the *ONTARIO MEDICAL JOURNAL*; and they came to the conclusion on reading the letters there published that he was showing that amount of animus and illfeeling to the Council that they were determined to leave him and support the Council. That is one effect I have found from the *JOURNAL* going into the hands of the profession and allowing each medical man to judge what was right and proper in the case. Hence I am in favor of giving the contract to one journal and continuing the system we have found to work well. (Hear, hear.)

Dr. THORBURN—In addition to what has been stated I would like to say, that in discontinuing our contract with this *ONTARIO MEDICAL JOURNAL* we would be just putting the Council in the same position as they were in before this contract was entered into. Then, the reports of the Medical Council were sent out for many years to the profession, and many of them were thrown in the waste basket unopened, and the result was the profession were just as ignorant of the doings of the Council as they were previous to those reports being sent at all. But the journal has been found to be interesting and useful, and a great many medical men are getting and reading them with great benefit to themselves that were not in receipt of medical journals previous to this time at all. And it has created not only an interest in the Council in that way, but it has created a desire to have the journal continued, so far as I can make out myself in my interviews with various medical men with whom I have come in contact; and I think we would be making a great mistake at the present time, since it is recognized that this journal has been so useful, and since it is really costing us nothing, to sever our connection with it.

Dr. Miller asks whether it is understood that there is to be no report of these proceedings in the Announcement.

Dr. LUTON—That report as I understand it, if adopted, would simply mean that we are to renew the contract we had last year in every particular, with the exception of the additions.

Dr. Orr states that the view expressed by the chairman is correct.

Dr. PHILIP—We must have it distinctly understood that the proceedings of this Council shall come out in the Announcement.

Dr. BERGIN—I think we ought to understand from Dr. Orr that he is going to publish the announcement as usual.

Dr. ORR—Speaking on behalf of the Ontario Medical Journal Publishing Co., the understanding now is the report is to appear in the Announcement the same as last year. (Applause.)

Dr. Miller asks whether this is a renewal of the contract of 1892, the original contract.

Dr. PYNCE states that it is not, that it is a renewal of the contract of 1893; that the contract of 1892 provided for only 200 announcements being furnished, while the contract of 1893 provides for 1000.

Dr. FOWLER—It is thoroughly understood that the contract be renewed as before; the proceedings of the Council to be published in the Announcement

and also in the *JOURNAL*, one half in the June issue and the other half in the July issue of the *JOURNAL*.

The motion was then put to the chairman and declared carried.

On motion the committee rose and reported the adoption of the first clause of the Printing Committee's report.

The President in the chair.

Dr. Harris moved, seconded by Dr. Moore that the report of the Committee of the Whole on the report of the Printing Committee be adopted. Carried.

Dr. THORBURN—Before the report of the Finance Committee is read, would it not be well for us to have the Treasurer's report so as to discuss the items of the report intelligently.

Dr. BERGIN—And we want this report of the Prosecutor reported on by that Committee. I wish to say to the Council that I think it is very desirable that not only should every member of the Council read this report of the prosecutor, but that it should be read to the Council also so that the members may be in a position to vote intelligently upon the report of the Finance Committee which will be submitted to us to-morrow. How are we to criticize, favorably or adversely, the report of that committee upon this very document unless we make ourselves acquainted with it. It is, however, for the Council to say whether they wish to hear the Prosecutor's report read, for although copies of the report have been placed on the desk of each member I know some of them have not read it yet—in fact I saw some of the envelopes containing it not opened. I move, seconded by Dr. Miller, that the Prosecutor's report be read.

Dr. Campbell moved in amendment, seconded by Dr. Logan, that the reading of the Prosecutor's report be dispensed with.

The amendment was put by the President and declared carried.

Dr. Day, at 4-30 o'clock, announces that Mr. Lennox is waiting to accompany any members of the Council who desire to view the new city and county buildings.

Dr. Campbell moved, seconded by Dr. Harris, that the Council take a recess for thirty minutes to enable the members to accept of Mr. Lennox's invitation. Carried.

5 o'clock p.m., Council resumed.

The Prosecutor's report was presented as follows:

TORONTO, June 11th, 1894.

*To the President and Members of the Council of the College of Physicians and Surgeons of Ontario:*

GENTLEMEN,—I beg leave to submit for your consideration my annual statement of the amount of fines imposed upon the illegal practitioners in the Province and the expenses incurred in connection therewith; also the amount expended on behalf of the Discipline Committee (on direction of the Committee) in investigating the charges of unprofessional conduct preferred against several qualified practitioners which were investigated by the Discipline Committee.

1. In my financial statement the expenses exceed the amount of fines, in explanation of which I may



state that I invariably take a patient with me to be treated. This year I have prosecuted a number of cases from which I am satisfied there will be no return, as the defendants had never been interfered with before, and will go to prison sooner than pay the fines. In several cases I went to the parties and told them that they must get out of the business, in consequence of which they stopped without being brought before a magistrate. All other cases I prosecuted before a magistrate, with the result as shown in my statement of fines and expenses. There are a number of cases which are not mentioned in the statement, as I am still working at them, and have not evidence enough as yet to lay a charge, but will do so as soon as possible.

2. A large part of my time within the last year has been occupied in getting up evidence against qualified practitioners for the purpose of investigating the charges laid against them.

3. As I am connected with the Constable's Association for the Province, I have received a good deal of assistance from its members in the cases of parties practising in their counties without a license (outside of the County of York). I employ regularly the High Constables in Walkerton, Chatham and Brockville, besides two men in Toronto, so that I am at any time prepared, on a case being reported to me, to either go myself or send a competent man to look after them.

In the case of Beatty, the Indian doctor in Canington, who has been a source of great annoyance to the medical profession for years, there was a large expense necessarily incurred, as the magistrate issued a warrant for his arrest, and constables had to go to Orillia to arrest him. He is now in jail. Professor Wesley, of Glencoe, has been fined three times (the last in the sum of \$100), but in each case he has appealed, and the trials have had to take place in London, which has caused the Council a heavy expense for witnesses and solicitors' fees; the appeals have, however, been dismissed, and Wesley has been committed to jail.

4. In all cases in which the defendants have appealed from the convictions of the magistrate, with the exception of Howarth and Coulson, I have attended to the cases, engaged my own solicitors, and paid them for their services, which forms part of my expense account.

I herewith submit a copy of Dr. Washington's appeal, which was dismissed, and also a copy of the judgment of His Lordship, Mr. Justice Rose, on the Howarth appeal; I also submit my statement of the work of the Discipline Committee, prosecutions, fines and expenses.

5. In reference to the case of Dr. Nelson Washington, of Toronto, I beg leave to state that when his appeal from the decision of the Medical Council was tried in Osgoode Hall, in June, 1893, before a full bench of judges, the action of the Council was sustained. Dr. Washington subsequently entered another appeal, which was not dismissed until October last, when I was instructed by Mr. Osler that I could prosecute him if he practised. I went to several places where he advertised as being there for a day,

but did not meet him, except once in Kingston, as he was leaving, and another time in Cornwall; and, on his being brought before the magistrate, he was convicted and fined the sum of \$50 and costs. I have made inquiries regarding him, and found that he was only treating the old patients he had before his name was stricken off the roll. He stated to me that all his advertisements were withdrawn, and that his solicitor had instructed him that he could practice until the next Council meeting if he would not advertise, but simply attend to his old patients, and I ascertained from his solicitor that he was under that impression.

6. I ask the instructions of the Council as to the case of G. S. McGhie, a medical student in Elgin, who for the last two years has been coming up to the spring and fall examinations, but invariably fails to attain the prescribed standard to enable him to pass his examination. During that time he has been practising medicine, and I have had him fined twice this year. I have now received a petition signed by nearly all the medical men in his district requesting that he be allowed to practise until September without being molested, his father having been a very old practitioner there, but is now deceased.

Trusting that these matters laid before you may find your approval, as I shall at all times, whilst holding the position of Prosecutor, endeavor to do my duty towards enforcing the observance of the Ontario Medical Act, or any other matter delegated to me.

I remain, yours,

(Signed) THOMAS WASSON,  
*Detective C.P. & S.O.*

TORONTO, May 31st, 1894.

#### Re DISCIPLINE COMMITTEE.

Annual statement of expenses in obtaining evidence, holding Court of Investigation, counsel and witness fees, in connection with charges laid against the following practitioners:—

Dr. J. R. McCullough, Enniskillen .....	\$155 10
" W. F. McBrien, Toronto .....	19 88
" H. McG. Wilson, Detroit (now Chicago). ..	44 38
" John McKeown, Windsor (now dead) ..	9 70
" William Anderson, London .....	5 50
" S. E. McCully, Toronto .....	5 50
" E. A. Rose, Portland. ....	29 20
" W. E. Bessey, Toronto.....	20 40
" James Magee, London .....	15 00
Wallace Nesbitt, Solicitor .....	70 00
	<hr/>
	\$374 66

This does not include stenographer's and committee members' expenses.

(Signed) THOMAS WASSON,  
*Detective C.P. & S.O.*

Drs. McCully and Anderson's expenses were in last year's annual report.



TORONTO, May 31st, 1894.

## Re PROSECUTIONS.

## Annual Statement of Convictions and Expenses.

IN THE COURT OF APPEAL FOR ONTARIO.

THE HONOURABLE MR. JUSTICE MACLENNAN,  
In Chambers. } SATURDAY, the 7th day  
of October, 1893.

Between

WILSON (or) NELSON WASHINGTON,

Appellant.

AND

THE COLLEGE OF PHYSICIANS AND SUR-  
GEONS OF ONTARIO,

Respondents.

Upon the application of the respondents above-named, and the solicitors for the appellant above-named consenting thereto.

It is ordered that this appeal be, and the same is hereby dismissed with costs.

And it is further ordered that the costs of, and incidental to this application, be costs in the said appeal.

Issued 7th October, 1893.

(Signed) A. G. (Signed) A. GRANT,

Reg.

I certify the above is a true copy.

(Signed) THOS WASSON,  
Detective C.P. & S.O.

## JUDGMENT RE HOWARTH.

TORONTO, June 10th, 1894.

To the President and Members of the Council of the  
College of Physicians and Surgeons of Ontario :

GENTLEMEN,—I herewith submit to you a copy of the judgment of Justice Rose, in the appeal case of Samuel Howarth, druggist, Toronto.

## COMMON PLEAS DIVISION.

REGINA } A. CASSELS, for motion.  
vs. } OSLER, Q.C., contra.  
HOWARTH }

ROSE, J.

This was a motion to quash a conviction for, that the defendant not being registered pursuant to the Medical Act, did unlawfully practise medicine for hire, gain or hope of reward, contrary to the form of the statute in such cases made and provided.

The prosecutor, one Thomas Wasson, a detective employed by the College of Physicians and Surgeons, and one James McLaughlin, as I understood it, went to the defendant's shop, and, according to his evidence, what took place was as follows: "I told the defendant how I felt. I told him I was sick. He told me to live on a milk diet; gave me the bottle of medicine produced, and some pills. I paid him fifty cents." The defendant substantially agrees with this evidence. He said, "McLaughlin didn't say he had diarrhoea, but his description of his sickness led me to believe he had diarrhoea." The defendant therefore obtained from the complainant information as to his symptoms, and from the diagnosis that he made of the case, prescribed what he believed to be the proper

YEAR.	NAME.	PLACE	AMOUNT	REMARKS.
1893.				
July 3	W. J. Arnott	Walkerton	\$25 00	Appealed to Council
	P. J. Russell	Toronto	25 00	
	L. J. Mason	Port Perry	25 00	Appealed. Went to jail.
	J. McIntosh	Walkerton	25 00	
	J. Wilcox	Chatham	25 00	[tion quashed.
	W. S. Coulson	Toronto	100 00	Appealed. Convic-
July 13	W. H. Wesley	Glencoe	25 00	Appealed. Went to jail.
	G. S. McGhie	Elgin	25 00	
Aug. 3	Mrs. Broomhall	Agincourt	30 00	
Sept. 23	Dr. Frank	Walkerton	25 00	
Oct. 12	Levi Tillson	Dunnville	25 00	
	S. Howarth	Toronto	25 00	Appealed. Convic-
Nov. 4	H. E. Hen-hey	Willard	50 00	tion sustained.
	L. G. Chamberlain	Toronto	25 00	
	E. Amsden	Dunnville	25 00	
	Mrs. Hoyer	"	"	Case withdrawn.
	M. B. Boyd	Warton	25 00	
	W. J. Custan	Brantford	25 00	
	"	Woodstock	25 00	
1894.				
Jan. 3	W. H. Wesley	Glencoe	25 00	
	A. F. Dixon	Dundalk	10 00	Left town.
	W. D. McNabb	Ready	25 00	Left town.
	S. Peach	Mount Forest	25 00	
Feb. 2	Harriet Benedict	Wallaceburgh	25 00	
	J. H. Woolmer	Berlin	25 00	
	Rosamond A. Morris	Walkerton	25 00	
Mar. 19	Dr. N. Washington	Cornwall	50 00	
	G. S. McGhie	Elgin	25 00	
Apr. 6	Professor Wesley	Glencoe	100 00	Appealed.
	J. Beatty (Indian Dr.)	Cannington	25 00	In jail.
	Mrs. Snow	Toronto	"	Dismissed.
May 12	A. Matheson	"	"	Withdrawn.
	J. E. Hazelton	"	25 00	
	L. G. Chamberlain	"	40 00	
	Kelapoo (Indian C.)	Trenton	"	Dismissed.
	R. J. Patterson	Warton	"	Dismissed.
	Gold Cure Co.	London	25 00	Skipped their bail.
	Frank Walsh	Toronto	"	Committed for trial.
	Dr. Jebb	Lindsay	"	No case.
	Professor McKay	Warkworth	"	"
	J. W. Barr	Windsor	"	"
	Dr. Washington	Guelph	"	"

35 convictions ..... \$1,005 00  
Amount paid in excess of fines, including fees of solicitors on  
appeal ..... 173 72  
\$1,178 72

TORONTO, May 31st, 1894.

## Expenses.

1st Month	\$176 45
2nd "	126 87
3rd "	42 00
4th "	58 85
5th "	166 30
6th "	63 95
7th "	74 65
8th "	150 52
9th "	91 85
10th "	70 25
11th "	157 03
	\$1,178 72

(Signed) THOMAS WASSON,  
Detective C.P. & S.O.

remedy. The defendant further said, "I have several kinds of diarrhoea mixture, and have to enquire symptoms sometimes in order to decide which mixture to give." This shows the custom or practice of the defendant.

Sec. 45 of Chap. 148, R.S.O. 87, being the Ontario Medical Act, enacts that "It shall not be lawful for any person not registered to practice medicine, surgery or midwifery for hire, gain or hope of reward, and provided for summary conviction.

I do not see how it can be contended, upon this evidence, that the defendant did not practice medicine. The cases of the Apothecaries Co. v. Nottingham, 34 L. T. N. S., p. 76, and Reg. v. Hall, 8 Ont. 407, are clear authorities in favor of such finding. There was certainly evidence upon which the magistrate might find that the defendant practised medicine. Mr. Cassels contended that this was not practising medicine within the meaning of the section referred to; (2) that if it was, it was not for gain; and (3) that even if it was practising medicine for gain, the defendant was entitled, as an apothecary, to do what he did. I think, as I have said, that it was practising medicine, and I have no doubt that on the authorities that he must be held that it was practising for gain.

The defendant says he charged no more for the medicine than if he had not given the advice, but we cannot divide the transaction and apply the consideration all to medicine. For the advice and the medicine the defendant received fifty cents. That he might charge somebody else the same figure for the medicine without the advice, does not, I think, entitle him to say that what he did was not for gain. There was evidence on this point before the magistrate. We cannot say that the magistrate improperly found that this was practising for gain.

Then was the defendant authorized to do what he did by the provision of chap. 151 R.S.O., the Pharmacy Act.

Mr. Cassel's argument on this sec. was, as I understood it, as follows: Sec. 24 forbids anyone "selling or keeping open a shop for retailing, dispensing or compounding poisons," etc., assuming or using the title of "chemist or druggist," or "chemist" or "druggist," or "pharmacist," or "apothecary," or "dispensing chemist," or "dispensing druggist" in any part of the Province of Ontario, unless such person is registered under the Act, and has taken out a certificate under the provisions of sec. 18 of the Act.

It was argued that if a person registered and took out a certificate, that he might then use the titles above referred to, and might practise as an apothecary, and sec. 31 was relied upon, which enacts that nothing in the Act shall prevent any person from selling goods of any kind to any person legally authorized to carry on the business of an apothecary, chemist or druggist, etc. I do not think this is a proper construction to be placed upon the statute. The two Acts, chaps. 148 and 151 must be read together. Chap. 148, as we have seen, prohibits unregistered persons from practising medicine, and provides for registration of persons who have complied with the provisions of the Act; 151 prohibits persons conducting the business of a chemist or druggist unless registered under the provisions of that Act. It further provides that legally qualified registered medical practitioners under any of the Acts relating to medicine and surgery in the

Province, may be registered as Pharmaceutical chemists without undergoing examination, and that any member of the College of Physicians and Surgeons of Ontario may engage in and carry on the business of an apothecary, chemist or druggist, without registration under the provisions of the Act.

Mr. Cassels' argument would amount to this, that while a medical practitioner, unless he be a member of the College of Physicians and Surgeons of Ontario, must register under the Act in order to carry on the business of a chemist or druggist; any registered chemist or druggist may practise medicine without qualifying under the Medical Act. The privilege given to the members of the College of Physicians and Surgeons of Ontario to engage in and carry on the business of an apothecary, chemist or druggist without registration makes it manifest that it was not intended by the Act that the mere fact of being a physician or surgeon should qualify one to carry on the business of an apothecary, chemist or druggist, without the permission of the statute. In other words, it was intended, I think, by the two Acts, to require a certificate of fitness to enable one to practise medicine, and a certificate of fitness to enable one to carry on the business of chemist or druggist. And if two persons, one practising medicine, and the other carrying on the business of a chemist and druggist, would each be liable to penalties if they were not registered as provided by these Acts, it seems to me to be a *reductio ad absurdum* to contend that one person may combine the practise of a profession of physician and surgeon with the carrying on of a business of chemist and druggist and be exempt from the penalties under either Act, or that by registering under the Pharmacy Act he would be entitled to practice medicine without qualifying under the Medical Act.

The argument which Mr. Cassels rested upon, the word "apothecary," was derived from the privileges granted to apothecaries in Great Britain by special Acts, and do not, I think, apply to the consideration of this statute. I think, however, full meaning and effect can be given to the statutes as I have read them, when one considers the meaning of the word "apothecary" apart from the express legislation. I find in the Imperial Dictionary the following definition: "One who practices pharmacy; one who prepares drugs for medical uses and keeps them for sale." Formerly an apothecary merely compounded and dispensed the prescriptions of a physician and surgeon. The term is now, however, also applied in England to those who practise in medicine, and at the same time deal in drugs."

And when under sec. 31 of chap. 151 we find the words: "Nor shall anything in this Act prevent any person whatsoever from selling goods of any kind to any person legally authorized to carry on the business of an apothecary." I think full force and meaning may be given to them by holding that no one is authorized to carry on the business of an apothecary, that is to practice medicine and at the same time deal in drugs, unless he be registered as a physician under the Ontario Medical Act, and also registered as chemist and druggist under the Pharmacy Act. A certificate under the Pharmacy Act is a certificate of competency merely to conduct the business of a chemist and druggist.

To repeat what I have already said, the effect of the



two statutes is to prevent any one practising the profession of a physician or surgeon without a certificate under the Medical Act, and to prevent any one carrying on the business of a chemist and druggist without a certificate under the Pharmacy Act, and a certificate under the Medical Act, except under the express provisions of the Pharmacy Act, would not entitle anyone to carry on the business of a chemist and druggist, nor would a certificate under the Pharmacy Act, without a certificate under the Medical Act, permit anyone to practice medicine.

Mr. Baron Bramwell, in the above cited case of the Apothecaries Company v. Nottingham, in charging the jury, said: "Perhaps you may think that a person has a right to practice as he likes, whether qualified or not; or, on the other hand, you may think that, whereas the poorer classes have no opportunity of judging of or ascertaining the qualifications of the person to whom they resort for medical advice, the legislature should require such persons to possess proper skill and knowledge and to obtain a certificate thereof. No doubt some persons like to go to unqualified practitioners so as to get advice cheap; but there is the law and we have to observe it. If you think this man has acted or practised as an apothecary, then you must find a verdict for the plaintiff. Indeed I feel some little difficulty in putting the case to you, for on the defendant's own admission he says he prescribed, and that if a person brought a child to him suffering, say, from diarrhoea, and asked what was good for it, he gave a medicine; if, however, the case was serious he sent the doctor. Surely that is acting and practising as an apothecary within the meaning of the Act.

"Possibly if on some one or two occasions a customer had gone to the shop and asked for medicine and the defendant had said it was good for his complaint, that advising might be too trivial to be worth taking notice of by suing under this Act, but here the defendant admits that he dispensed and at the same time advised medicine habitually."

The above action was brought under the provisions of the Apothecaries Act, 55 Geo. II., ch. 189, by sec. 14, of which before granting a certificate of fitness and qualification to practice as an apothecary, the Court of Examiners were authorized and required to examine the candidate for the purpose of ascertaining his skill and abilities in the science and practice of medicine.

I might add that I am of opinion if one went to a chemist and druggist and told him he had some particular complaint and asked the druggist if he had any medicine compounded for such complaint or ailment and purchased the medicine on the advice of the chemist, that would not be practising medicine. Nor if one went to a chemist and druggist and asked him which of two named compounds was considered the better medicine, would such information be practising medicine. I think a chemist or druggist may sell drugs or the compounds which he has by telling any intending purchaser their qualities and properties, and commend his goods as being fit for the purpose for which they are intended, and he may tell which is the better or the best of those he is selling. If the purchaser take upon himself the responsibility of determining the symptom of his own case, and judging from such symptoms what trouble he is suffering from

and the medicine he requires to relieve him from such suffering, he is not asking the chemist and druggist to advise him as to his ailments or troubles, nor is he asking him to perform the duties which he might call upon his physician to do. A line, it seems to me, must be drawn between advising as to a remedy necessary for a disease which the chemist or druggist assumes that he has discovered by enquire from the purchaser as to the symptoms and advising between different remedies for a complaint which the intending purchaser informs the druggist he is troubled with. It is difficult to formulate and I fear to confuse my meaning by attempting to define, but I venture to say, hoping that I may not be misunderstood, that a chemist or druggist is not entitled to ascertain from intending purchasers the symptoms and determine from them the disease and prescribe a remedy; but he may if the purchaser tells him his complaint and asks for a remedy, inform him what remedies he has for such a complaint and also inform him which in his opinion is the better or best remedy, leaving the purchaser to exercise his own judgment as to which of these preparations he may purchase.

Perhaps on the whole it would be better without further attempting to define what the practising medicine may be, to say in this case there was evidence upon which a magistrate might well find that the defendant was practising medicine for gain contrary to the provisions of the statute.

I think the motion will have to be dismissed with costs.

I hereby certify that the above is a true copy as recorded at Osgoode Hall, Toronto.

(Sgd) THOS. WASSON,  
*Detective C.P. & S.O.*

Dr. Thorburn presents the Finance Committees' report.

Moved by Dr. Campbell, seconded by Dr. Thorburn, that this Council do now go in to Committee of the Whole on the report of the Finance Committee.

Council in Committee of the Whole.

Dr. Logan in the chair.

The report was read and adopted clause by clause down to, and including, clause No. —. (Referring to employment of stenographer in Dr. Pyne's office).

Dr. Thorburn read the clause, "We advise that the services of the Public Prosecutor be dispensed with. In every instance where action is required that Mr. Wasson be employed by the President and Registrar."

Dr. Bergin moves the adoption of the clause.

Dr. ROGERS—On what terms.

Dr. THORBURN—So much a day, I suppose; the President and Registrar would settle that.

Dr. FULTON—The same terms as he acted on previously.

Dr. ROGERS—Did the Prosecutor agree to that.

Dr. THORBURN—He didn't agree to it; and wasn't asked to.

Dr. BRAY—What are those terms? He was on a salary before.

Dr. THORBURN—If he was exacting at all his services would be dispensed with.

Dr. PHILIP—Do you mean that his salary is stopped entirely?



Dr. THORBURN—Yes. He is paid so much, by the job or by the day.

Dr. BRAY—Won't that cost more.

Dr. THORBURN—No. We do not intend to prosecute so much.

Dr. CAMPBELL—This is a matter that might be considered well. A great many of the profession think one of the most important duties to be performed by the Council is the prosecution of illegal practitioners, whether it costs little or much. I think there will be men found throughout the country who will say, you are stopping a very important duty, and one that you are specially appointed to carry out. And, even though it does cost a great deal, we do not go into the prosecuting business with the expectation of making money, but to protect the public and the profession; and though it costs a great deal of money, we ought to do it. That is one side of the question.

Then, on the other side, comes in the aspect that presents itself to your Committee; and that is as to the very vast expenditure of money. There is no doubt there is a large expenditure of money, and very little return. I have hastily figured up the items here; and I find the expense of prosecution during the last year, counting the salary and everything else, was \$1,778.72; and we received from fines \$465, leaving us out \$1,313.72. Of course, that is a very large item. The point for the Committee to consider is simply this, does it pay to lose that much money for the result gained? I am not prepared to express a very decided opinion on that. There would be differences of opinion on it, there is no question.

Does it pay to lose over \$1,000 a year in the prosecution of a number of people, considering the benefits we, as a profession, gain thereby? Are they sufficient to make up for the loss of that amount of money? If they are, the loss of \$1,300 is not to be considered at all. When the Finance Committee recommend that the Prosecutor be dispensed with as a salaried official in the future you must use your best judgment and decide which you think is the least of the two evils involved in this matter—either to quit having a regular prosecutor, and to simply prosecute offenders as they are brought before the attention of the President, or to have a regular salaried prosecutor with the necessary pecuniary loss that results therefrom.

Dr. ROGERS—I want to say in this matter, formerly we had Mr. Webb employed as prosecutor at a salary of \$600; and he was to get all the fines; that is what it cost this Council for prosecution. To-day we find under the employment of our present prosecutor it costs us \$1,300. I thought at the time the change was made, paying the expenses to Mr. Wasson would result in having the cost of prosecution raised very materially. I think so still; and yet I think that the sum we paid to Mr. Webb, \$600 a year and giving him all the fines, was a small amount of money for this Council to pay in order to protect the profession and the people of this country from the presence of unregistered practitioners. On the other hand, we must remember the prosecutor, receiving all the fines, did his best to accomplish all he could in the way of prosecutions.

Perhaps in that regard it was overdone, but it had the effect that the prosecutor at that time, Mr. Webb, did his best to cover the Province of Ontario, and rid it from quackery and quacks. If you adopt the

present report, then you have no prosecutor; and a quack getting into any constituency in Ontario may start work, and we all know how difficult it is to get a legal prosecutor to act; and the result is the quack goes ahead; and constables in a locality will hardly take up the work of being prosecutor. Therefore, I would like to move, if I can find a seconder, that we employ a prosecutor at the same salary and conditions as we employed Mr. Webb, provided we can get a prosecutor to the satisfaction of the Executive Committee. That is, that the salary should be \$600 a year and the prosecutor to have all fines.

Dr. BRAY—Dr. Rogers has said that Mr. Webb received a salary of \$600 a year and all the fines. Dr. Rogers is not quite correct in that. He received the fines received in cases where convictions were made and the fines paid, but there were a number of convictions there was nothing received from—in a good many cases convicted persons went to jail, and consequently there are a good many convictions the Council got nothing at all for, and they had to pay the expenses. Another reason why the account of the prosecutor is so large this year is because of the number of appeals, and these appeals cost us a great deal of money. There is one man in my division who now is appealing, and the course he adopts is to go on and fight the Council as long as possible, and then after giving the Council all the trouble and expense he can, takes a month in jail, and at the end of the month comes out of jail and goes on in the same way.

I have a communication handed me to-day which says, "re Wesley Appeal. We have objected to the notice of this appeal. The question may be argued on Saturday; if the objection is held good, the appeal will end; if not, we shall have a date fixed for the trial and advise. Yours truly, Magee & Co., London." The Crown Attorney again writes, asking whether we would be satisfied to have Mr. Magee attend to it.

So the reason fines have not come in is because these men have gone to jail. Our law on this subject is not right, because one month is the total imprisonment that can be imposed on one of these men, no matter if he offends fifty times. It was a mistake that we didn't have this matter progressive—that is, so much for the first, so much for the second, so much for the third offence, and so on. And another fault I have to find with the law is we have to pay the costs.

I am sure the members of this Council, and particularly the Territorial representatives, know what the feeling is among the practitioners through the country in reference to allowing these illegal practitioners to go on. They want it stopped. And I do not think we can expend money to any better advantage than by prosecuting these men. I want the prosecuting done in the cheapest way possible, but at the same time in the most effective way.

And I, for one, would not be in favour of doing away with the prosecutor. I think it would be a bad move to make, because the profession look to the Medical Council for the protection which they say they must have. I would not consent to having that clause of the report adopted unless the yeas and nays are taken upon it.

Dr. THORBURN—We do not object to personal prosecution of these individuals, nor prosecution by our officer. But our present position is we are very

much in debt, and these fellows do not do us any harm in the least.

Dr. BRAY—They do not hurt the medical profession, but the medical men in whose neighborhood these reprehensible practices are carried on feel it very much. I am in receipt of letters almost every day about these people. I had a letter to-day about another one.

Dr. FULTON—I think when the figures are placed before you correctly the difference will not appear so great. In the expenditure here, the item \$1,176 appears as the legal expense to the prosecutor returned by Mr. Wasson; deduct from that \$465.

Dr. CAMPBELL—There is another item of \$200, "money advanced by order of Council to be used in cases of emergency." I do not mean to say that this is the money expended every year, but it is last year.

Dr. BERGIN asks to have the clause read.

Dr. THORBURN reads clause and says, "That is, he is still the prosecutor, but he does not receive an annual payment."

Dr. BRAY—Is there any guarantee you can get Mr. Wasson?

Dr. THORBURN—We have not had an interview with him.

Dr. BERGIN—If I understand that clause correctly, it means we are to dismiss Mr. Wasson; there can be no two questions about that. True, the Chairman of the Finance Committee says Mr. Wasson is not to be dismissed; he is to continue prosecutor, but we will employ him by the job or by the day. Now, we must not forget we have a good deal at stake outside of the salary of Mr. Wasson. Dismiss Mr. Wasson tomorrow, and you have a number of cases unsettled—cases that are appealed, cases in which his testimony is indispensable—and if you dismiss Mr. Wasson now you will want him very shortly and it will cost you more than his entire salary, and all he has cost during the past year to get him here at the time you require him. He may be obliged to leave the country altogether to get employment, and if there is anything that this Council might hope to obtain the support of the profession on, it is that they have spared no expense in order to secure the prosecution of these men who are violating the law from one end of the year to the other. It may be quite true, I do not dispute it, and I think the account shows it is true that a number of these men prefer to go to jail. But we can, at the next session of Parliament, get our Act amended so that the fines and the imprisonment can be increased. It is not the fault of the prosecutor employed by the Council, but it is because the punishment provided by the law is not adequate. We know that a great many of these men are men of straw, but we are, after all, when we put them in jail for thirty days, punishing them and making them examples as a deterrent to many others. And I, for one, am not prepared to dispense with our prosecutor, because I feel that in a little while, after the end of October, we shall have a Council that will be prepared to do all that is right. We shall have a Council that will compel these people that have been refusing to pay their debts to pay them, after the 30th October. And we shall have a large surplus, and shall be in funds to carry on the business of the Council; and under these circumstances I do not think we should make such a reduc-

tion as this. I do not think the Council is so poverty-stricken that it is obliged to reduce its officers and to refuse to pay the salary of \$400 to the prosecutor who has done such service, and let me say he has been worth ten times over what we paid the previous prosecutor. We have yet to find that he has compromised with anyone who has been practising illegally, and that he has placed the fee in his pocket without bringing the offender before the magistrate; we have yet to find anything like that, and we have a capable, and an honest, and a clever man, remarkably clever in his profession. (Hear, hear.) We should not lightly do away with his services.

Dr. MOORE—I have just to add, at least not to add, for I don't know how I could add anything to what Dr. Bergin has said. Our present prosecutor has done his duty faithfully, efficiently and well. He has done his duty as well as any man we could get in this country.

As Dr. Bergin has said, and truly said, we have not collected any fees for two years, and we are a little behind, and although we are, why should we for one moment think of dispensing with the services of a man who is the means of assisting us, and the only means we have in getting rid of those notorious quacks. I think above all men he is the man we should stick to. As Dr. Bergin has said, and truly said, he is worth far more than the salary he gets. He is an efficient and able officer, and is not to be compared in any sense with his predecessor. He has done his duty faithfully, as far as I know. He has discharged it in a gentlemanly way, and wherever I have known him to be employed, discharged it to the satisfaction of the public, and he has not in any instance that I know of, engendered any feeling against this Council on the part of the public. (Hear, hear.) And that was not so with his predecessor. That man did his business in such a way that it was offensive to the public. And I know that from personal experience. This man goes over the very same ground as his predecessor, and does it in such a gentlemanly, clean manner, that he did not offend anybody, and in doing so he accomplished all that the other man did, and a great deal more, and I think we should continue our present prosecutor, and I think the salary of \$400 that he gets is not to be thought of, as compared with the amount of value that we receive.

Dr. PHILIP—I would just like to say that I quite agree, in so far as the retention of the services of the prosecutor are concerned, with what Dr. Bergin has said. I know in our neighborhood the feeling is pretty strong. And the feeling in favor of the Council is to a very great extent due to the favorable impression created amongst our people by the work which the prosecutor has done. Dr. Moore has said he has done his work well. But at the same time I think the expenses have been very considerable, and if we had time I should like to hear Mr. Wasson make a statement; and if some provision could be made that a committee, or the Registrar, or some person in the Council should have some authority or supervision over him whereby he might be restrained in some instances from making these prosecutions where there was not much chance of conviction it might in the meantime diminish the cost to a very great extent because the costs are very considerable. But if you de-



pribe him of his salary I do not suppose he would serve the Council any further. And I, as a member of the Council, should be very sorry indeed to lose his services. We must remember, as Dr. Bergin says, when the new Council is elected we shall be able to pay our way very well, as the future will show.

(*To be continued.*)

## Meetings of Medical Societies.

### ONTARIO MEDICAL ASSOCIATION—FOURTEENTH ANNUAL MEETING.

The Fourteenth Annual Meeting of the Ontario Medical Association was held in the Educational Department of the Normal School, Toronto, June 6th and 7th, 1894.

Dr. L. McFarlane occupied the chair. This meeting was one of the most successful that has ever been held. There were in attendance some 160 members, twenty-four new members being added.

After the usual routine business of opening, Dr. A. J. Johnson presented a resolution asking that a committee be formed to take into consideration the question of contract and lodge practice. This was unanimously consented to.

Dr. J. H. Duncan, of Chatham, gave the opening paper on the "Use of Strychnia in Pneumonia and Chronic Heart Disease." He pointed out that it acted upon the vital nerve centres, making them more susceptible to external stimulation, that the heart weakness was due largely to the affection of the nerve centres by the pneumonic poison. This drug increased the irritability of the motor centres. No rule could be laid down as to dosage, but he had given in average cases a thirtieth of a grain every three hours, with marked benefit. He referred also to the statement made by certain investigators that its use increased number of white corpuscles, and thus the phagocytic action of the blood would be materially increased.

Drs. Saunders and Gaviller took part in the discussion.

Dr. Temple followed with a paper on "Placenta Prævia." He gave an account of the history of the treatment this condition had received in the past, and outlined the present lines of treatment. No hard rule could be laid down, but each case had to be treated according to the symptoms presented. The great weight of evidence was in favor of the termination of gestation, especially if it were the first attack, and severe, and prior to the seventh month. He considered that where hæmorrhage occurred in the early months there should be no hesitation if the mother's life were in danger, in sacrificing the life of the fœtus. It would only be justified to prolong gestation where the woman was near the seventh month, the hæmorrhage slight, the placenta laterily situated, and the woman in reach of a medical man. The patient should be put to bed, kept physically and mentally quiet; and an opiate might be administered. He did not consider there was any virtue in astringents. The procedure, if hæmorrhage occur severely after the seventh month, he repeated, was to deliver, the membrane should be punctured, the cervix dilated if possible, the placenta around the os separated, and ergot administered. If

the cervix were hard and undilatable and hæmorrhage persistent he advocated plugging, and that thoroughly and antiseptically, the woman being closely watched.

Dr. Burns alluded to the occurrence of post-partum hæmorrhage in these cases and the necessity of taking extra precautions. Another point he referred to was the greater frequency of the p'acenta prævia in multipara than in primipera.

Dr. Mitchell coincided with Dr. Temple in the main but referred to the difficulty of always being able to diagnose these cases, he thought possibly there was a danger of considering that whenever hæmorrhage occurred during gestation, that it was due to placenta prævia when perhaps this might not be the case. He had used for dilating the os Barne's dilators. He referred to one or two cases he had had, and considered the great gravity of all such cases to be very great.

Dr. Oldright pointed out the dangers of plugging. The uterus was a dilatable structure, and after the plug was inserted there was danger of intra-uterine flowing. He thought in most cases the os could be dilated by the fingers.

Dr. Harrison, of Selkirk, spoke of the difficulty country practitioners had in these cases by living, as a rule, so far from them. His plan was to dilate the os and deliver as soon as possible.

Dr. McLaughlin wished to know why ergot should be given, as it produced tetanic spasm of the uterine muscle, not producing expulsive efforts. There was thus danger of causing the death of the child. He spoke of the old method of plugging with a silk handkerchief advised by the early teachers.

Dr. Powell reported having eight cases of placenta prævia centralis with seven recoveries. He emphasized the point that no two cases could be treated alike. He thought the statistics would be materially improved if the process of inducing labor in all cases were adopted when the diagnosis has been satisfactorily established.

Dr. Bruce Smith said that plugging should be the last resort in placenta prævia; the uterus should be emptied at once. He cited cases in proof of the value of this procedure. He repeated that the patient should be very carefully watched.

Dr. Temple said he had not found post-partum hæmorrhage occur after these cases any more than after ordinary ones. In reply to Dr. Mitchell he said he took it that the diagnosis had already been made, the subject he was to discuss was the treatment of the condition. As to the use of Barnes' bag, he said they were not actually at hand. He contended in favor of plugging, where it was well done, to check hæmorrhage and induce dilatation of the os. Of course, the silk handkerchief would not fill the bill at all. He deprecated the use of ergot in ordinary cases of labor, but in these cases where the child was not viable its use was all right.

### WEDNESDAY AFTERNOON.

The first item of interest on the programme was the President's address, which was a very able one, and was listened to with marked attention. He referred to the history of medicine in the past, gave an idea of its present position, and referred to its



future possibilities. He outlined the rise and fall of the various schools of medical thought, dwelling more particularly on the present one, the principles of which depended upon a knowledge of physiology, pathology and the kindred sciences. He spoke of the immense strides that had been made in the development of these special branches, and of the immense aid they were to scientific diagnosis and treatment. He paid a high tribute to the late Dr. Hodder's influence upon his students in stimulating them to the study of scientific medicine. He referred to the wonderful accuracy with which the educated physician of the present day can detect the presence of disease in the most occult parts of the human frame. He also paid a tribute to the workers in the line of preventive medicine, and to those who were studying the effects of the action of the attenuated virus of certain specific bacilli in the treatment of diseases caused by these bacilli. We were not in a position, he said, to speak of the value of animal extracts in the curing of disease. He advocated the establishment of an institute similar to Koch's and Pasteur's for the advancement of the studies, the results of which tended, perhaps, more than any others to the well-being and happiness of the people. This should be under Government control, and outside the influence of party politics. He argued that if we had institutions for training farmers, schools for civil engineers, etc., aided by Government, why not an institution of this sort. If such an institution were formed, whose objects were the saving of life and the prevention of disease, if the Province would take such in hand, he was sure generous aid would be given in the way of bequests by many who are in sympathy with such a work.

Dr. McFarlane, on motion of Dr. Temple, seconded by Dr. Harrison, President of the Dominion Medical Association, was heartily thanked for his splendid address.

"The Treatment of Strangulated Hernia," was the title of the next paper, read by Dr. J. Wishart, of London. Dr. Wishart's first point was a reference to what Mr. Jonathan Hutchinson had said regarding the fatality of strangulated hernia, how that, while mortality in all other surgical procedures had materially lessened in recent years, the mortality following operations for strangulated hernia had increased. This he attributed to the fact that the step of performing taxis had been left in the background, surgeons being too desirous of using the knife. Dr. Wishart gave a tabulated statement of some seventeen cases he had had during the past twelve years, in sixteen of which he had operated with twelve recoveries. He detailed the special points of interest in each operation.

Dr. Grassett said that the importance of this subject was shown from the fact that it had come up for discussion so often during the meeting of these associations. He would not like to dispute such an authority as Mr. Hutchinson, yet he was of the opinion that the mortality after operation for strangulated hernia had decreased. He had operated with good result on a patient 89 years of age. As to gangrene, no law could be laid down; each case must be judged on its merits. There were fewer cases of gangrene now than formerly, because the strangulation was sooner recognized. He cited a case he had had where gangrene was present

to a small extent, where he had stitched up with a Lembert suture, returned the gut and recovery followed.

Dr. Teskey said that the maxims, as laid down by the leader of the discussion, were correct enough, but the difficult was in knowing how to apply them, a great deal of judgment was required. In regard to taxis, he could understand in a large hernia, which would fill the hollow of his two hands, how one's whole strength might be placed upon it to reduce it, but this same rule would not apply to a very small hernia. With regard to the increased hospital mortality statistics in this operation, he suggested that it might be due to the fact that the ordinary outside medical man was now so well trained that he undertook these operations himself with success, and sent only the worst cases to the hospital.

Drs. Rennie, Whiteman and Peters also took part in the discussion.

Dr. Wishart did not agree that this was an easy operation and lightly to be undertaken. There was always danger in opening the abdomen. He believed that in a case where a country practitioner, far removed from help, met such a case he should give chloroform, and try to reduce at once as delay was very serious. He had never seen in the cases where taxis had been used, even to a considerable extent, any damage done to the bowel when he had opened up. The speakers agreed that where the knife had to be used the radical operation should be done, as a rule.

Drs. G. W. Fox, of New York, and Cronyn, of Buffalo, were invited during the session to seats on the platform.

The Association then divided into sections.

#### SURGICAL SECTION.

Dr. Bruce Smith was appointed to the chair.

"McGill's operation for Prostatic Enlargement" was the subject of the next paper by Dr. A. McKinnon, of Guelph. The reader of the paper gave the history of several cases he had had of prostatic hypertrophy accompanied by urethral stricture, cystitis and severe bladder spasms. The operation consisted in a suprapubic cystotomy and removal of a portion of the prostate with very gratifying results. He outlined the technique of the operation fully and of subsequent drainage. He quoted statistics furnished by Bellfield, of Chicago, of 41 such cases, where 32 had made recoveries, the patients having regained the power of voluntary micturition.

Dr. Primrose discussed the question of the use of Peterson's bag and the dilatation of the bladder—how this would enable the operator upon completion of the abdominal incision of stitching the bladder wall and holding it by means of the stitches while it was being opened, instead of cutting down upon a sound, as Dr. McKinnon had advised. He asked, also, how hæmorrhage was controlled in view of the vascularity of the prostate. He advocated the advisability of perineal drainage, as in high drainage there was danger of infection of the cellular tissue in front of the bladder.

Dr. Grassett said that his experience was limited in this line of work, having done but one, and that a partial prostatectomy. The result in this case was good. He thought a combination of the suprapubic and the perineal method to be the best, so as to avoid

the necessity of incising the mucous membrane above the prostate, the sections being scooped out from below, the opening above enabling the operator to exert pressure downwards on the gland from above.

Dr. McKinnon said that he had found hot water would control the hæmorrhage, but if necessary the opening might be plugged.

Dr. R. Whiteman, of Shakespeare, followed by a paper on "Cholecystotomy." He described the history of a case of obstructive jaundice. It was difficult to decide whether it was due to gall stone or malignant disease, but the diagnosis inclined to the latter. Cholecystotomy was performed in the usual manner with success. As all of the bile passed out of the abdominal incision, a number of interesting features were observed in connection therewith on the administration of the calomel, the flow was lessened, but increased on the giving of salicylate of bismuth. It was also noted that when the bile decreased the urine increased, and *vice versa*. On post-mortem it was found that an epithelial cancer occupied the region of the duodenum at the junction of the bile duct.

Dr. Graham said he was very much interested in this case, as he had seen it in consultation. The diagnosis was comparatively easy, as the distended gall bladder was in the position one would expect it to be, and the accompanying symptoms pointed in the direction of obstruction to the outflow of bile, but he had seen cases where the diagnosis was exceedingly difficult, the gall bladder having assumed such a curious shape as to make it unrecognizable. Regarding the treatment of catarrhal jaundice, he advocated the use of large doses of calomel at first, then salol for three or four days, followed by the continuous administration of salicylate of soda. He was pleased with the experimentation on these cases, as it all tended to throw light on the obscure pathology of this trouble.

Dr. Teskey reported the history of a case where cholecystotomy had been done in which he had assisted Dr. Powell and Dr. A. A. Macdonald in operating. The gall bladder was not enlarged. The crescentic incision had been made through the abdominal wall. There was considerable inflammatory adhesion of the omentum. Seventy small gall stones were removed. On account of the adhesions, it was impossible to reach the duct, but it must have been patent as the bile soon flowed through the intestinal tract, as was shown by the coloration of the feces and the closure of the incision.

Dr. Oldright told of a case he had operated upon where there was pyæmia, the seat of pus formation being supposed to be in the neighborhood of the liver. A stone was found blocking the cystic duct, which was pressed along the duct by means of the fingers into the duodenum. The diagnosis was supposed to have been distended gall bladder before opening the abdomen. On opening, the lump was discovered to be floating kidney.

Dr. Macdonald said in those cases death occurred after the primary operation in nineteen per cent. of the cases, but where it was done as a secondary, the death rate was reduced to about ten per cent. An objection to this operation was the loss of such a large amount of bile, which was needed in the intestinal economy. By this loss there was intestinal indigestion. This loss would not occur after cholecystotomy. Another procedure was cholecystenterostomy

by aid of Murphy's button. Murphy's latest results show 100 per cent. of recoveries.

Dr. Starr presented a patient suffering from lumbar hernia. About twelve months ago, while stooping down and lifting, he was seized with a stitch in the side. This was accompanied by the occurrence of a swelling, about the size of a duck's egg, in his back, below the last rib. The lump has persisted. It is slightly tender on pressure, elastic to the touch and reducible. As it returns into the abdominal cavity it gives a gurgling sensation, and emits a tympanitic note if percussed while the patient strains. Its exit was through the triangle of Petit. Its relations Dr. Starr showed by means of charts.

#### MEDICAL SECTION.

Dr. Mitchell in the chair.

"The Artificial Feeding and Care of Children" was the title of a paper by Dr. McCullough, of Alliston. He condemned the use of proprietary foods, and spoke of a combination of goods he had used, indicating the amount prescribed for an average sized child at varying periods up to the age of twelve months. The artificial food, especially in the country, had to be at once cheap and easily obtainable. The composition he advocated consisted of barley water, diluted cow's milk and sweetened water.

Dr. Gregg severely denounced proprietary foods. Though people had been warned as to the evil nature of them, these foods are still largely used, more so in Canada than in the United States. From forty to fifty per cent. of such foods consist of starch, which an infant under seven months is unable to digest. He thought, instead of whole barley being used, as advocated by Dr. McCullough, crushed or even ordinary pearl barley preferable, being more easily prepared and answering the purpose better. He thought the subject of fixing amounts for children at certain ages beyond our control, as the stomachs of infants were of different sizes at the same age. The proper rule was to give the child as much as it wants, if it takes too much the surplus will be thrown up, and no harm done. Sterilization of milk was not important save in large cities, where abundance of fresh milk was not procurable. Experiments in American hospitals showed that children were practically starved to death by the use of it, where it had been sterilized at a temperature of 212°. As a result, the practice was to have the milk placed at a temperature of 145° for fifteen or twenty minutes.

Dr. Machell said that although part of the albumen in cow's milk is coagulable, part is not, and in this respect it is similar to the mother's milk, but in the latter, the percentage that is non-coagulable is twice as great as in the former. He agreed with Dr. Gregg in denouncing proprietary foods, which he said were manufactured not for the purpose of benefiting patients but to make money, and physicians should not play into their hands, when as good foods could be prescribed. He also cited Dr. Roach, of Boston, for the statement that water will do as well if not better than barley water—the function of it being to get in between the case and prevent it from becoming lumpy. He advocated, as well, the Berlin bottle, obtainable in all drug stores at a cost of 15 cents.

Dr. McPherson also took part.

Dr. McCullough, in reply, said that pearl barley did not come up to the mark, as the virtue of the ordinary



barley was the musciline principle, which is the most active. It was contained near the surface of the hull. In pearl barley it was removed. The amounts mentioned in his paper were only guides, and not intended to apply in every case. He did not think in the case of a child any more than in that of an adult should food be taken till vomiting results.

Dr. Price Brown read a paper on "Atrophic Rhinitis," which was exhaustive in the cause and treatment of this trouble. Though believed by some, it is by no means incurable, but requires a long and careful course of treatment.

Drs. Wilson and Price Brown discussed the paper.

Dr. Doolittle explained the operation of electrical massage worked by a small storage battery, which he showed.

Dr. Campbell, of Seaforth, read a paper on "Placental Prævia," giving the history of cases in his practice, and touching on most of the points raised on a discussion of the subject at an early part of the Convention.

Dr. Temple wished to know, as Dr. Campbell advocated early termination of labor, why in a case he cited he did not follow this rule. He did not see either the rationale of giving of sulphate of magnesia after delivery, as blood had been lost and the patient was weak, unless it was to prevent milk fever.

Drs. Spence, Hutchinson and Scadding discussed.

Dr. Campbell, in reply to Dr. Temple, stated that the patient was being watched by him, and there had not been enough loss of blood to weaken her; otherwise he would have operated. His object for delay was that the patient was not in a fit state to be delivered—the os and the cervix being rigid. He gave chloral to soften the os and relax the parts, accompanied with a small dose of morphine, in this way preventing laceration. The reason he syringed out the vagina afterwards was to prevent sepsis.

#### EVENING SESSION.

The first paper of this session was read by Dr. J. E. Graham, the amphitheatre of the Normal School being well filled by medical men, lady practitioners, and students in medicine. The subject of Dr. Graham's paper was, "Some Remarks on Chronic Diseases." He made special reference to Bright's disease, the anæmias and tuberculosis. Treatment of these cases required a great deal of patience and tact. Strict attention should be paid to the patient's diet, clothing and general environments. Cases of parenchymatous, inflammation of the kidneys, were quite amenable to treatment; prognosis was fair even after œdema occurred, even in apparently chronic cases. He knew of one case in which, contrary to the general teaching, the patient did best on nearly a complete meat diet, after having tried the milk diet with unsatisfactory results. Regarding anæmia, the gastric form, he had seen helped very much, in fact cured, by lavage of the stomach every second day and the exhibition of arsenic. In another case of a woman, aged 65, with a dilated heart, who had nausea vomiting, diarrhœa and considerable emaciation, accompanied by elevation

of temperature, making the case suspicious of being one of pernicious anæmia, until the blood corpuscles were counted and found not diminished in numbers. It was found that there was a diminution of urea in the urine although no albumen nor sugar were present. Here the anæmia was due to the poisoning of the urea. Rest, careful dieting, administration of iron and arsenic produced a great improvement. Cases of other varieties of anæmia were referred to where treatment based on a careful observation of the condition present led to recovery. Regarding tuberculosis, most patients must be treated at home, and this could be done very satisfactorily by attention to the above mentioned precautions, particularly in the first stage. As to medicine, in these cases he recommended the use of creosote as being the most helpful. The points to be observed in treating all chronic affections were, first, the necessity of more hopefulness in treatment; second, greater care to make an early diagnosis; third, to make a practical use of all the more recent discoveries in pathology and management of such diseases.

Dr. Bruce Smith followed and pointed out very good results that followed examination of the stomach contents. He also referred to the causation of anæmia, and in its treatment he knew of nothing better than old Blaud's pill, after the bowels had been opened with saline. He believed in pernicious anæmia that complete rest should be enjoined on the patient, and it was necessary that the functions of the body should be naturally performed before the administration of medicine. He would give arsenic in small doses first with a compound tincture of gentian. He spoke highly of the use of the stomach-tube in dyspepsia, and he had found good results follow the use of a glass of hot water containing half a dram of soda, half an hour before breakfast in gastric catarrh. He, too, spoke very highly of creosote in the treatment of pulmonary tuberculosis, administered with nuxvomica. These patients did best, he thought, in the country, where the air was pure, and they could obtain lots of cream. Cream was much better than cod liver oil.

*(To be continued.)*

## Annual Examinations.

### THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

#### FINAL EXAMINATION.

The following have passed the final examination of the College of Physicians and Surgeons of Ontario:

Passed with Honors—W. T. Connell, Spencerville.

Passed—W. H. Alexander, Bolton; H. E. Armstrong, Orono; T. Agnew, Belgrave; W. J. Anderson, Shanley; J. R. Allen, Napanee; D. J. Armour, Cobourg; W. B. Boyd, Uxbridge; J.



H. Bull, Weston ; J. L. Bradley, Airlie ; H. A. Cuthbertson, Wyoming ; W. E. Crain, Brockville ; J. Crawford, Toronto ; B. Campbell, Parkhill ; J. D. Curtis, Middlemarch ; Frank Coleman, Hamilton ; A. L. Danard, Allenford ; T. G. Devitt, Bobcaygeon ; T. S. Farncomb, Newcastle ; J. W. Ford, Woodham ; F. J. Farley, Smithfield ; A. K. Ferguson, Kirkton ; G. H. Field, C. C. Field, Cobourg ; H. R. Frank, Brantford ; A. G. A. Fletcher, Toronto ; A. B. Greenwood, Newmarket ; E. D. Graham, Sutton West ; G. B. Gray, Elora ; A. Galloway, Beaverton ; R. J. Hastings, Guelph ; D. H. Hogg, London ; N. W. Harris, Toronto ; T. C. Hodgson, Beaverton ; Gertrude Hulet, Norwich ; F. W. Hughes, London ; W. A. Hackett, Belfast ; C. M. Kingston, West Huntingdon ; J. A. Lawson, Brampton ; R. M. Lipsey, St. Thomas ; J. D. Leith, Dromore ; H. D. Livingstone, Georgetown ; W. H. Miller, Cottam ; F. W. Morden, Picton ; S. H. Murphy, Renfrew ; J. R. Mencke, Toronto ; G. S. McCarthy, Ottawa ; D. A. McClenahan, Tavsley ; J. McMaster, Toronto ; J. W. McIntosh, Toronto ; L. Y. McIntosh, Strathmore ; W. J. McCollum, Toronto ; J. F. McKee, Aurora ; A. A. McCrimmon, St. Thomas ; C. F. New, London ; E. L. Procter, Toronto ; G. D. Procter, Brantford ; J. Park, Feversham ; C. D. Parfitt, London ; J. Pritchard, North Wakefield, Quebec ; A. B. Parlow, Iroquois ; H. N. Rutledge, Streetsville ; J. P. Russell, Toronto ; J. Reeves, Eganville ; C. E. Smyth, Toronto ; W. Stephen, Anderson ; F. W. Smith, Sheffield ; C. B. Shuttleworth, Toronto ; J. Seager, Ottawa ; J. P. Sinclair, Toronto ; R. B. Wells, Toronto ; T. H. Whitelaw, Guelph ; N. C. Wallace, Alma ; J. D. Windell, Pontypool ; J. A. White, Oakwood ; P. D. White, Glencoe ; T. Wickett, Belleville.

## PRIMARY PASSED.

Following is a list of candidates who have passed the primary examinations of the College of Physicians and Surgeons of Ontario :

*Passed with honors*—E. L. Roberts, Lynedoch, Ont.

*Passed*—W. L. Addison, Toronto ; W. H. Alexander, Bolton ; E. H. Arkell, St. Thomas ; D. Buchanan, Galt ; G. S. Burt, Hillsburg ; J. F. Boyle, Toronto ; T. H. Bier, Brantford ; T. C.

Bedell, Hillier ; G. W. Brown, Aylmer West ; W. J. Beasley, Weston ; W. G. N. Byers, Gananoque ; B. G. Connolly, Trenton ; G. E. Cook, Morrisburg ; D. T. Crawford, Thedford ; H. Clare, Chapman ; Jennie Drennan, Kingston ; W. F. Drysdale, Perth ; J. J. Elliott, Brantford ; J. H. Ferguson, Toronto ; T. H. Farrell, Kingston ; W. Goldie, Ayr ; J. S. Goodfellow, Bradford ; C. Graef, Clifford ; F. W. Hodgins, Lucan ; L. Hogg, London ; W. Hird, Uxbridge. G. V. Harcourt, Port Hope ; E. S. Hicks, Port Dover ; W. J. Henderson, Little Britain. C. G. Johnson, Athens ; W. W. Jones, Mount Forest ; W. D. Keith, Toronto ; L. Lawrason, Dundas ; J. S. Morris, Oshawa ; J. D. McLean, Meaford ; H. G. S. Murray, Kingston ; R. Moore, Maple ; G. Musson, Toronto ; Maggie MacCallum, Toronto ; A. H. Macklin, Stratford ; George More, Kirkton ; G. E. Millichamp, Toronto ; W. J. Malloch, Meaford ; H. W. Miller, Orillia ; W. McDonald, Galt ; A. S. McCaig, Collingwood ; J. R. McRae, Lochalsh ; H. S. McDonald, Kingston ; W. B. McKechnie, Aberdour ; P. S. McLaren, Tiverton ; N. W. McInnes, Vittoria ; J. M. McCarter, Almonte ; D. W. McPherson, Toronto ; C. S. McKee, Peterborough ; W. H. Nichol, Brantford ; J. H. Oliver, Sunderland ; J. I. Pratt, Heathcote ; A. W. Partridge, Crown Hill ; H. G. Pickard, Glammis ; A. B. Parlow, Iroquois ; J. Pritchard, North Wakefield, Quebec ; E. K. Richardson, Flesherton ; H. H. Ross, Brucefield ; F. S. Roundthwaite, Collingwood ; E. L. Robinson, Toronto ; J. W. Routledge, Lambeth ; J. A. Rannie, Chatham ; A. Rupert, New Hamburg ; J. P. Russell, Toronto ; J. Reeves, Eganville ; A. A. Small, Toronto ; Emma Skinner, Davisville ; Maggie Symington, Brighton ; I. G. Smith, Belleville ; C. R. Sneath, Toronto ; D. W. Shier, Cannington ; Christian Sinclair, Ottawa ; R. W. Shaw, Lotus ; W. J. Stevenson, London ; F. W. Smith, Sheffield ; J. S. Thorne, Belleville ; J. E. Tyndall, Richmond Hill ; W. M. Teetzel, St. Thomas ; H. E. Tremayne, Mimico ; Adelaide Turner, Gananoque ; Annie Verth, York ; H. E. Wallace, Port Elgin ; E. B. White, Chatham ; S. H. Westman, Toronto ; W. H. Weir, Brantford ; E. C. Weekes, Glencoe ; B. E. Webster, Kingston ; F. G. Wallbridge, Belleville.

## Correspondence.

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

### LODGE PRACTICE.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

DEAR SIR,—After a long and generous apathy the physicians of Sarnia and Point Edward have decided to protest against that injustice known as "Lodge Practice."

The following is their unanimous decision :

"We, the undersigned members of the medical profession of the town of Sarnia, do hereby agree that we will not in future make any examination for any life insurance company or benefit society for a fee of less than two dollars, and we further agree that, after our present contracts cease, we will not accept any appointment as physician to any society requiring attendance for its members to be paid for by salary or per capita rate ; always provided each registered practitioner residing in Sarnia will attach his signature to this agreement."

Following up the request in the May issue of the *Canadian Practitioner* for suggestions, I beg to propose that a committee appointed by the Ontario Medical Association or the Medical Council confer with a representative delegation from the benefit societies regarding a remedy, for surely no society actuated by benevolence and concord can desire to force a measure so repugnant upon a profession which has never been backward in charitable actions and which has accepted contract practice from generous rather than righteous motives.

FRED. H. S. AMES.

*Secretary, pro. tem.*

### ERRONEOUS IDEAS.

*To the Editor of ONTARIO MEDICAL JOURNAL.*

SIR,—I have been much amused by a letter appearing in the *Dominion Medical Monthly*, signed J. W. McLaughlin. This gentleman, who is a Government employé, drawing a fat salary as Registrar of the County of Durham (and by the way one of the County Registry offices that has not had its affairs investigated as yet) is now offering himself as a candidate for the Medical

Council of Ontario—it might be well to ask the medical electorate whether they consider Dr. McLaughlin a proper person to represent them ; I do not, for these reasons :

1. Having accepted the position of Registrar of Durham he at once annihilates his connection with the profession, or, in other words, ceases to be a medical practitioner and ceases to depend upon his profession for his daily bread as we have to do—and, therefore, I say the Doctor has, by taking this public office, ceased to be in touch with the profession and not interested in its welfare.

2. His letter, above alluded to, evidences such gross ignorance of the facts that of itself it should be enough to forever bar him entering the Medical Council as a representative. As to vested rights of the universities and colleges, the Doctor claims they never had any. Will he be good enough to explain how it is then that by Section 24 of the Ontario Medical Act, provision is made for any and all holders of a university diploma or certificate, when the said diploma or certificate had been received prior to July, 1870, that on proving their identities they must be registered—showing the diplomas and certificates mentioned carried licensing power.

Again, the Province of Quebec to-day is in the same position as to these matters as Ontario was prior to the "Ontario Medical Act." They, at the present time, are trying to get a "Quebec Medical Act" similar to the "Ontario Act," and the Legislature of Quebec refused by one vote to give them this Act last year owing to the resistance offered by the different universities and institutions, who would not permit the right of their diploma or certificate of carrying licensing power to be taken away. And what has been the result ? The Quebec Act now provides for a professional examination before the Examining Board of the College of Physicians and Surgeons, Quebec, for the license to practice, and also provides that the holders of diplomas from any of the universities or colleges in Quebec shall be entitled to registration in Quebec and to become licensed in that way if they so desire, and therefore this shows conclusively that the college in Quebec would not give up the vested rights—which the bodies in Ontario did give up—so much for this question, and I may say that it is to be hoped that

the Doctor knows more about the working and details of the Durham Registry Office than he does about the Ontario Medical Act, or the Durham Registry Office investigation may prove more interesting than that of Peterboro'.

Now, as to his contention that the profession was never consulted as to the preparation of the Ontario Medical Act, would the Doctor be surprised to learn that a medical gentlemen, now residing in Toronto, and who was secretary of the committee at the time, is prepared to make oath that every medical man in Ontario whose address was known was communicated with, and the letters addressed and posted by his own hands; and more than that, some of the replies received were not prepaid, and cost the Toronto doctor seven cents each when taken from the Toronto Post Office. The name of this gentleman is Dr. H. H. Wright, and I believe he has kept these records to this day. Shame, Doctor, to endeavour to make capital out of something that happened nearly thirty years ago, with the apparent hope that time had effaced all evidence, cease to use political tricks of this nature, because you thought time would serve you and your false statements go uncontradicted. Dr. H. H. Wright is still in the land of the living, and can prove, if so desired, that you are wrong. I am charitable enough to say that I believe you made these statements in ignorance of the facts.

Again, as to the appeal to the Legislature in 1874, with the "Amended Medical Act" as the result, let me point out that Dr. McLaughlin, I think, was a member of the Council at that time, if not, he was for the succeeding five years, when the Act was fresh on his mind. Did he ever protest, did he ever place himself on record in any way as opposed to the Ontario Medical Act, that he now says met with universal disapprobation on the part of the profession. Dr. McLaughlin, permit me to say right here, "Inconsistency thou art a jewel." I must say I do regret to be obliged to refer to the concluding portion of your letter as it is beneath the dignity of a gentleman, but I will simply ask you to state how much per day you received when a member of the Ontario Legislature for attendance at said Legislature, it would be especially interesting for one short session. The above phrase strikes me again as the most appropriate I can think of just now.

AN ELECTOR.

## THE CORRESPONDENCE WITH THE PREMIER.

*To the Editor of* ONTARIO MEDICAL JOURNAL.

DEAR SIR,—Prior to the last meeting of the Medical Council it was stated in the public press by the opponents of that body that I asked permission of the Premier for the meeting of the Council in June, and that permission was granted by him, "provided it confined its legislation to essential matters with regard to which the next Council would probably be at one with it." The last words were in quotation marks, as I have written them, evidently with the intention on making it appear that they were taken *verbatim* from the Premier's reply.

In my address to the Council I declared these statements to be untrue. Since then a part of the correspondence, and a part only, has been printed in the newspapers in the attempt to weaken the force of my denial. It may be as well, therefore, to print it all in a professional journal. From these letters it will be seen, (1) that instead of asking any permission I simply inquired the intention of the law, giving the assurance that the Council would carry out the intention, whatever it may be; and (2) that the Premier's answer coupled no condition with the meeting, but only suggested the propriety of a course which every member of the Council would approve, and which would have been followed by us even had it not been suggested. Indeed, believing that the new Council would, in most questions, be in accord with the old, we could do nothing else. My only reason for not putting all this correspondence in my address was want of space. The statement in Dr. MacKay's letter referred to us simply that the Amended Act was not intended by the committee to curtail the term of the old Council.

Very truly, yours,  
CL. T. CAMPBELL.

LONDON, October 12, 1894.

*Hon. Sir Oliver Mowat, Toronto, Ont.*

DEAR SIR,—As there seems to be some uncertainty as to the effect of one of the clauses in the Medical Act, as amended at the last Session of the Legislature, I have to ask your assistance in determining the course of the Medical Council. The Act says that an election shall be held in 1893.



We supposed—and our solicitor, Mr. Osler, so advised us—that this clause authorized us to, or, at all events, did not prohibit us from holding our usual Spring Session in 1894, the election taking place any time subsequently. But there has been some discussion on this matter of late; and I find that the members of the committee of the Legislature having the bill in charge, are not agreed as to the situation. Now, the Council, I am sure, has no desire to do anything but carry out the wishes and intention of the Legislature, and though the literal reading of the Act might authorize our holding a session next year before the elections. I do not think a single member of the Council could be found willing to take advantage of it if he thought it were in conflict with the spirit or intention of the law. As you were chairman of the committee you are able to speak with authority; and I ask you therefore to give me your opinion as to the intention of your committee in this matter. Are we free to hold our usual spring session in 1894 before the election? I enclose you copy of a letter from Dr. MacKay, M.P.P., who had charge of the Council's interests in the Legislature; and would ask if you endorse his statement. Other members of the committee, I am told, have a different opinion. May I ask you to favor me with an answer at your earliest convenience; as I wish to make public announcement of the intentions of the Council in order to set certain perturbed spirits at rest.

I have the honour to be,

Your obedient servant,

CL. T. CAMPBELL.

“TORONTO, October 19, 1893.

MY DEAR SIR,—I have your letter of the 12th, inquiring whether it was the intention of the committee to which the Medical bill was referred that the present Council should not hold its usual spring session in 1894 before the elections. I have no recollection whatever of any intention being expressed either way. If such intention had been expressed, and I so understood, I should certainly have put words in the bill to carry it out. At the same time I should say that it would be reasonable and proper for the present Council not to deal with any subject adversely to what the new Council may be expected to desire, but to deal only with such matters in regard to which the councils are likely to be at one. Yours truly,

O. MOWAT.

CL. T. CAMPBELL, *Pres. Medical Council.*”

“LONDON, October 25, 1893.

*Hon. Sir Oliver Mowat:*

DEAR SIR,—I am in receipt of yours of the 19th inst., in which you inform me that you have no recollection of the expression of any intention by the committee of the Legislature that the Medical Council should not hold its usual spring session before the elections next year, and that had there been any such intention expressed you would have had it clearly indicated in the bill. That being the case we shall act on the advice of our solicitor, Mr. Osler, and hold one session before the election.

In reply to your suggestion that the present Council should not deal with any subject adversely to what the new Council may be expected to desire, I can assure you that such is the intention of the Council. More than that, we shall take no action in regard to the chief matters in dispute with the opponents of the Council, being quite content to leave these questions to be pronounced upon by the medical electorate, and being quite confident that our action will be sustained by them.

I have the honour to be, etc.,

CL. T. CAMPBELL.”

---

## Book Notices.

---

*The Popular Science Monthly*, for June, contains the following excellent numbers: (1) “New Chapters in the Warfare of Science—xix., From Creation to Evolution—iv., The Final Effort of Theology,” by Andrew D. White, LL.D., L.H.D.; (2) “Nicaragua and the Mosquito Coast,” by Dr. R. N. Keely (illustrated); (3) “Weismann's Concessions,” by Professor Lester F. Ward; (4) “The Cincinnati Ice Dam,” by G. Frederick Wright (illustrated); (5) “The Eye as an Optical Instrument,” by Austin Flint, M.D., LL.D. (illustrated); (6) “A Natural System of Education,” by James L. Hughes; (7) “Pleasures of the Telescope,” by Garrett P. Serviss (illustrated); (8) “Should Prohibitory Laws be Abolished?” by Dr. T. D. Crothers; (9) “Dairy Schools and Dairy Products,” by F. W. Woll (illustrated); (10) “The Ice Age and Its Work” (iv.), by A. R. Wallace, F.R.S.; (11) “Sketch of Gerard Troost” (with portrait); (12) “Correspondence: Mistakes of Scientific Men, etc.—Do Animals Reason?” (13) “Editor's Table: The Possibilities of Education—Is ‘Society’ Vulgar?—Announcement;” (14) “Literary Notices;” (15) “Popular Miscellany;” (16) “Notes.”

*Diseases of the Skin.* An outline of the principles and practice of Dermatology. By MALCOLM MORRIS, Surgeon to Skin Department St. Mary's Hospital, London, etc., etc. With eight chromolithographs and nineteen woodcuts. 1894. Philadelphia: Lea Bros. & Co.

The publishers have made a very presentable volume of this work of Mr. Morris', the form being handy, the printing clear, and the paper good. The chromo-lithographs are quite diagnostic of their several types, giving the reader a very clear idea of the different diseases illustrated. Modern research is well shown by the author, all new clinical facts, both diagnostic and regarding treatment, being plainly and discriminately given. Of course, in a small work we cannot expect to get the pathology and many other views of the various "Dermatites." Indeed, the author himself refers us to larger works. For a general practitioner we know of no more useful work than Morris' *re Skin Diseases*.

*Diseases of the Nose and Throat.* By F. DE HAVILLAND HALL, M.D., F.R.C.S. London, Physician to Out-patients and to the Throat Department at the Westminster Hospital, Joint Lecturer on Principles and Practice of Medicine at Westminster Hospital Medical School. With 2 colored plates and 54 illustrations. 1894. London: H. K. Lewis, 136 Gower street, W.C.

Most medical men on reading of a work on nose and throat from precedence expect a very large and costly volume, but Dr. Hall, the author, has endeavored and succeeded well in giving the profession an almost exhaustive publication in fairly small space. An octavo volume, neatly put together by the publishers in about 500 pages, is not only handy but an ornament to one's library. In addition there is given in many places references which will be appreciated by the specialist. All conditions with their treatment are ably and shortly dealt with. The woodcuts are clear, and the two colored plates are excellent, accurate and typical.

The chapter on epistaxis if read well would save many a man a weary and troublesome hour. New applications are noticed—indeed, some we rarely see on this continent, but easily obtainable.

The chapter on diphtheria gives good local treatment. Papain with hydro-naphthol being used as a solvent, and boric acid or borio-glyceride as an antiseptic. One phrase is very striking in this connection: "Whatever antiseptic is chosen, the

secret of success consists in the frequency with which it is employed.

*Essentials of Refraction and the Diseases of the Eye.*

By EDWARD JACKSON, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc., and *Essentials of Diseases of the Throat and Nose.* By E. B. GLEASON, S.B., M.D., Surgeon in charge of the Nose, Throat and Ear Department of the Northern Dispensary of Philadelphia, etc. 2nd Edition. Revised. 124 illustrations. Philadelphia: W. B. Saunders. Price \$1.00.

This work is intended to provide students and recent graduates with an easily read and well stocked work on these special subjects. The authors are well known in their specialties and their material is excellent. The publication keeps up the excellent reputation of Saunders' Quiz. Compend.

*An International System of Electro-Therapeutics for Students, General Practitioners and Specialists.* By HORATIO R. BIGELOW, M.D., Permanent Member of American Medical Association; Fellow of British Gynecological Society; Fellow of American Therapeutic Association, etc.; Author of "Gynecological Electro-Therapeutics and Familiar Talks on Electricity and Batteries," and thirty-eight Associate Editors. Philadelphia: F. A. Davis Co., Publishers; London: F. J. Rebman. 1894.

In this work of over 1,100 pages, freely illustrated, a very complete study is made not only of the therapeutic use of electricity, but also of electricity itself in its various forms. No branch of medical science has had more able investigators or been more fruitful in yielding rich returns than that of electrotherapeutics. There has been much that has been disappointing in its use, yet the want of success is due very largely to the lack of knowledge and skill on the part of the operator. The first division of the book deals with Electro-Physics, Animal Electricity, Static Electricity, Magnetism, Faradic or Induced Current, Electro-Magnetism, Electro-Massage Instruments and Galvanism. Then follow papers on Electro-Physiology and Electro-Diagnosis. In the more purely medical part of the work, by far the larger part, the etiology, pathology, etc., of the diseases and abnormal conditions amenable to electric treatment are fully given, and the mode of application of electricity, with results, explained in a clear



and interesting manner. The authors include many of the most distinguished therapeutists in Europe and America. It is a valuable and a readable book for every practitioner in medicine.

*The Care and Feeding of Children*: a Catechism for the Use of Mothers and Children's Nurses. By L. EMMETT HOLT, M.D., Professor of Diseases of Children in the New York Poly-clinic, Attending Physician to the Babies Hospital and the Nursery and Child's Hospital, New York. Price 50c. New York: D. Appleton & Co., 1894.

This excellent little work will be found of great value to mothers and nurses, containing, in the form of question and answer, nearly all the information required by them regarding clothing, feeding, etc.

*An Illustrated Dictionary of Medicine, Biology and Allied Sciences*, including the Pronunciation, Accentuation, Derivation and Definition of the Terms in Medicine and the Various Sciences Closely Related to Medicine. By GEORGE M. GOULD, Am. M.D., Author of "Students' Medical Dictionary." 12,000 Medical Words pronounced and defined, etc. Editor of the *Medical News*. P. Blakiston, Son & Co., Philadelphia; J. A. Carveth & Co., Toronto, agents. 1894. Price: Half morocco, with index, \$12.00; sheep and cloth, each, \$10.00.

This is a wonderfully well-put-together work, the compilation being excellent, and the more a reader looks into it the more astonished he is at the accuracy of its contents. To attempt to read a dictionary to review it is almost beyond the power of ordinary man; but to go over it by getting a large number of words of all descriptions, and hunting them up, gives a very fair idea. This was done, and in all cases the work was found to be as represented, everything that might be necessary to know about a word being noted. The method of pronunciation is simple and very effective, the derivations as true as life itself, and the definition clear—in many helped out effectually by a first-class illustration. The dropping of all diphthongs may be considered too radical for many readers, but the tendency of the age is shown in this progression towards Phonetic spelling. The publishers themselves are certainly to be congratulated on their part of the work, the type being exceptionally clear.

#### PAMPHLETS RECEIVED.

*Non Nocere*. By A. JACOBI, M.D., New York.

*Neuratrophia, Neurasthenia and Neuriatia*. By C. H. HUGHES, M.D., St. Louis, Mo. First paper.

*Retinitis Albuminuris. Ophthalmia Neonatorum; Contraction of Eyelids; Glaucoma; Grattage for Granular Lids. History of the Drop-Bottle*. By L. WEBSTER FOX, M.D.

---

#### Personals.

---

Dr. J. L. Gilmour, ex-M.P.P., has been appointed Registrar of Deeds for East and West York.

Dr. Rosebrugh, of Hamilton, has been re-elected by the University of Victoria as their representative in the New Medical Council.

Drs. Britton, McPhedran and Davidson sailed on June 23rd for Europe, where they intend spending the next two months in study.

Dr. Moore, of Brockville, has been re-appointed by the Senate of Queen's University as their representative upon the Medical Council.

Dr. Horsey, of Ottawa, has gone for a short visit to the London Special Hospitals, and expects to return the first week in September.

Dr. Moorhouse, who sat in the late Dr. Fenwick's position, has been appointed representative in the Medical Council for the Western University.

It is always pleasant news to hear of the marriage of a young physician, and lately we have noticed in the press the report of the marriage of Dr. E. B. Echlin, of Ottawa. We offer Dr. Echlin our congratulations and best wishes for a long and happy life.

---

#### Obituary.

---

##### DR. G. E. FENWICK.

Dr. George Edgeworth Fenwick died at his residence, 2,356 St. Catherine St., Montreal, yesterday afternoon, after an illness of ten days. The deceased gentleman was in his sixty-ninth year, and was probably the oldest and best-known surgeon in the Province. He was born in Quebec on October 8, 1825, and received his education under



the Rev. Mr. Ramsay. In June, 1841, he began the study of medicine and surgery in the Marine and Emigrant Hospital, Quebec. His brother, Dr. A. G. Fenwick, was at that time house surgeon to that institution, and he acted under him as house apothecary, in which position he remained until November, 1842, when he entered the medical department of McGill College, successfully passing his examination in May, 1846, but, not being of age, he did not receive his diploma until January, 1847, when a special Convocation of the University was called for the purpose of conferring upon him the degree of M.D., C.M. In May, 1848, he was appointed house surgeon and apothecary to the Montreal General Hospital, which position he filled until December of the same year when he commenced general practice in this city. In November, 1864, he received the appointment of attending surgeon of the Montreal General Hospital. In 1860, he was appointed demonstrator of anatomy, and, in 1867, Professor of Clinical Surgery in McGill University, and held this position until 1876, when, on the resignation of the late Dr. George W. Campbell, he was appointed Professor of Surgery, which chair he filled for many years. He was also surgeon to the Montreal Field Battery for a long period, and was with them on service during the Fenian raids on the Canadian border in 1866 and 1870. In 1864 Dr. Fenwick, with his colleague, Dr. F. W. Campbell, established the *Canada Medical Journal*, which he continued to edit until 1879, when he relinquished the editorial chair. As a medical writer, he was probably as well known as any in Canada. His articles upon surgical subjects were all terse and logical, and carried the impress of a vigorous and thoughtful mind. His most important papers were those upon lithotomy, of which operation he had probably had a larger experience than any other surgeon in the Dominion. On excision of bronchocele his bold operations commanded the most widespread attention, and, on excision of the knee-joint and other major operations, he was remarkably successful. He was an honorary member of the New Brunswick Medical Society, of the Medical Society of Nova Scotia and of the Gynæcological Society of Boston. For many years he represented the profession in Montreal as one of the governors of the College of Physicians and Surgeons of Quebec. He has been president of the Medico-Chirurgical Society of Montreal, and president for Quebec of the Canada Medical Association.

He married, in 1852, Eliza C., daughter of the

late Col. de Hertel of St. Andrews, Que. He had seven children. His widow and one daughter, Mrs. George Massy, survive him.

#### DR. A. G. FENWICK.

The sudden death of Dr. A. G. Fenwick, which took place May 14th, will be heard of with very deep regret by all classes of citizens. The deceased was one of the oldest physicians of London, and was of a singularly, kindly and genial disposition. He was one of those rare men who make friends without making enemies, and the good will which every one bore him was like a return of his own regard for all whom he had relationship with. The doctor was found sitting in a chair with one side completely paralyzed. He was placed under the care of Doctors Brown and Waugh, and about eleven o'clock he appeared to rally a little. In the afternoon he sat up in bed and attempted to get up, but after the effort he sank back powerless, and life passed away almost on the instant. The deceased was born in London, England, in 1818, and six years afterwards emigrated with his parents to Canada, settling in Quebec, wherein he was reared to manhood. He chose the medical profession as a calling, and entered McGill College, Montreal, from which institution he graduated in 1840. The same year he was appointed house surgeon to the Marine and Emigrant Hospital at Quebec, which position he held for five years. He then went to England and attended the Royal College of Surgeons, and graduated therefrom in 1846. Returning to Canada he was appointed one of the assistants at the Quarantine Station, Grosse Isle, which he held for many years. He was during this period one of the governors of the College of Physicians and Surgeons of Lower Canada. In 1875 he was induced by Bishop Hellmuth to come to this city to take medical charge of the Ladles' and Boys' Colleges, a position he filled for six or seven years. When the establishment of the Western University was mooted, Dr. Fenwick took a leading part in the project, and was Dean of the Faculty, and also occupied the chairs of Professor of Medical Jurisprudence and Toxicology. He also filled the position of Representative to the Medical Council at Toronto for several years. In 1848 he married Miss Caroline Holmes, of Liverpool, Eng., by whom he had five children. The doctor was an active member of the Independent Foresters, and was also a Mason, though unaffiliated here. His death will be received with feelings of deep regret, for he was universally esteemed and respected.

## AN EPITOME OF CURRENT MEDICAL LITERATURE.

### MEDICINE.

#### Metastasis or Shifting Elimination as a Factor in Certain Skin Inflammations.—

Dr. Walsh believes that certain forms of dermatitis connected with abnormal conditions of the blood may be directly due to the elimination of irritating substances. Uric acid and the scarlatinal virus may be regarded as types of unusual substances circulating in the blood which are capable of causing inflammation of one or more of the channels of elimination. Uric acid in excess being highly damaging to the epithelium of excretory organs, is able to produce, besides dyspepsia, nephritis, bronchitis, some forms of dermatitis. Metastasis is often a marked feature in gout, a typical eczema sometimes occurring during an acute gouty attack, and disappearing under treatment with colchicum. The skin trouble may alternate with bronchitis

and asthma, or with diarrhoea. The scarlatinal poison, like uric acid, acts as an irritant upon the epithelium of excretory organs, and may cause dermatitis in addition to nephritis and inflammations of the respiratory and alimentary tracts. Dr. Walsh holds that if uric acid be excreted by the bowel, diarrhoea results; by the skin, dermatitis; by the kidney, nephritis; by the lung, bronchitis—these various inflammations being the result of excretory inflammation.—*The American Journal of the Medical Sciences.*

**Relapses in Typhoid Fever.**—From a careful study of fifty consecutive cases of typhoid fever with relapse, obtained from the records of Guy's Hospital and from other data, Stewart (*Practitioner*, No. 309, p. 184) arrives at the conclusion that so-called relapses are genuine second attacks, presenting all the phenomena of the first attack and due to reinfection of the large intestine from the small. This reinfection is believed to generally take place at a definite period in the original attack and is probably effected by the passage of sloughs over healthy lymphoid follicles. Consti-

---

**FOR INVALIDS.**—Delicious Dishes made in a few minutes at a trifling cost.

## WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

**WYETH'S RENNET** makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. **Price, 25 cents per bottle.**

## FERMENTATIVE DYSPEPSIA.

**WYETH'S COMPRESSED TABLETS.** \* BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. **Price, per bottle of 100, \$1.00.**

## WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 mins.

## Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

## JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - General Agents.



pation was found to be an important predisposing cause of relapses. The opinion is expressed that the prognosis of relapses is good because a certain degree of immunity has been acquired by reason of the first primary attack, and fatal complications are less common.—*Medical News*.

**The Relation of Phlegmasia Alba Dolens in Typhoid Fever to Typhoid-bacilli.**—Haushalter (*Rev. Méd. de l'Est*, Sept. 1, 1893; *Rev. Int. de Bibliographie*, 1894, No. 2, p. 17) notes that the point of departure of venous thrombosis is to be found in an alteration of the lining membrane of the vessel, and that in some diseases this alteration may be due to micro-organisms constituting a secondary infection. A case is reported that goes to show that phlegmasia may be due directly to the action of typhoid-bacilli. A girl, twenty-one years old, died in the sixth week of an attack of typhoid fever, and upon post-mortem examination a fibrinous clot was found in the left crural vein, extending from the apex of Scarpa's triangle to the iliac vein. Bacteriologic study of the walls of the vein and of the clot, as

well as of the liver and spleen (which contained two small abscesses), disclosed the presence exclusively of typhoid-bacilli. The phlegmasia was thus the seat of an unusual localization of the bacilli, either from the formation of a bacillary embolus at the time of resolution of rose-spots or from infection of the walls of the vein by direct contact with an adjacent lymphatic gland, itself contaminated by the backward stream from the lymphatic glands of the abdomen.—*Medical News*.

**The Pathology of Paralysis Agitans.**—The belief seems to be gaining ground that paralysis agitans is but a manifestation of premature senility, the result of changes affecting the nervous system as a part of a widely distributed degeneration, and the pathologic evidence tends to support this view. An interesting contribution to this subject has recently been made by Ketscher (*Zeitschr. f. Heilk.*, Bd. xii, S. 445; *Centralbl. f. Allg. Pathologie u. pathol. Anatomie*, Bd. v. No. 4, S. 173), based upon observations made in the laboratory of Chiari at Prague. The tissues from three cases were carefully studied, the material being

---

# SOMATOSE

---

A new Meat Extract in powder form, tasteless, and very concentrated.  
Specially suited for Invalids. . . . .

MANUFACTURED ONLY BY

FARBENFABRIKEN, VORMALS FRIEDR. BAYER & CO.

ORIGINAL INVENTORS OF THE WELL-KNOWN REMEDIES

PHENACETINE-BAYER and SULFONAL-BAYER.

For particulars, address

**DOMINION DYEWOOD & CHEMICAL CO.**

TORONTO.

WHOLESALE ONLY.

Sole Agents for Canada.



from subjects between sixty-eight and seventy-six years old. The changes found, and which corresponded with those found by previous investigators, consisted in a varying degree of degeneration and atrophy of the specific nervous elements, the ganglion-cells and the nerve-fibres, as well as of the muscles. There was also hyperplastic increase of interstitial tissue, in brain as well as in nerve, and in muscle, and this was particularly marked in the neuroglia of the posterior columns adjacent to the posterior median fissure. In this situation, in the ependyma of the lateral ventricles, and at the periphery of the cord generally, there were noteworthy accumulations of corpora amylacea. There were also present thickening of the walls of the vessels, with dilatation of the perivascular and pericellular lymph-spaces and obliteration of the central canal of the spinal cord by the surrounding increase of neuroglia, together with hyperplasia of the epithelium of the lining membrane, giving rise in places to dilatation of the canal. For comparative purposes studies were made of the spinal cord, peripheral nerves and muscles, obtained from ten persons that had died

of other conditions, between the ages of fifty-seven and seventy-six years. In all of these changes were found that differed only in degree from those found in the cases of paralysis agitans. The legitimate conclusions from these observations is that paralysis agitans is but the expression in the nervous system of a premature senile degeneration. Etiologically it may be conceived that as a result of diminished functional activity there occurs defective elimination of matters that, retained, give rise to irritation and bring about degeneration in the nervous system, as well as in the vascular system and in the viscera, and the progression of which leads finally to the extinction of life.—*Med. News.*

**Melæna Neonatorum.**—Schütze (*Centralbl. f. Gynäk.*, No. 9, 1894) observed this disease in the infant of a girl of sixteen. The mother was pale and rather thin; there was no history of hæmophilia. The last period was at the end of March, 1893, and she was delivered on December 20th. The pains began at 11 p.m. on December 19th, the membranes broke at 10 a.m. next day,

## The Latest and Best....

### HAPPY RELIEF ABDOMINAL SUPPORTER

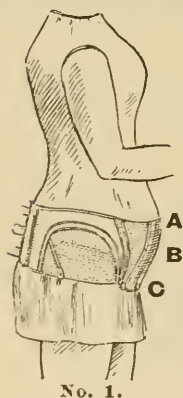
244 SPADINA AVE.,  
TORONTO, April 7th, 1894.

I have used **Mrs. Pickering's Happy Relief Abdominal Supporter** in my practice, and have found it to give entire satisfaction. A patient who had suffered for many years from an enormous hernia, being almost disabled thereby, has found the most complete relief from its use, and is now able to perform her household duties. She had tried other supporters, without the slightest benefit.

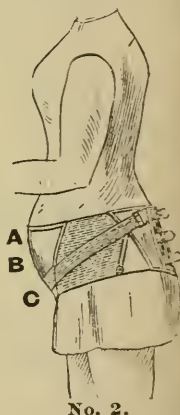
C. McKENNA, M.D.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 1.



No. 2.

Address,

**MRS. F. L. PICKERING,**

**BOX 149,**

**BRANTFORD,**

**ONTARIO.**

and one hour and a half later a strong living male child was born. The cord was twisted once round its neck, but not tightly, and there were no signs of asphyxia. The left parietal bone was imperfectly ossified, one part crackling like parchment when pressed. On December 22nd, at 7 a.m., the baby passed blood freely from the rectum. Cold gruel enemata were thrown up, with a few minims of perchloride of iron. Next morning the child was very anæmic and cold; no more blood had been passed, and the abdomen was not swollen. At 10 a.m., blood was passed at stool, and also vomited. Collapse set in, and the child died at 11 a.m. The umbilicus and its vessels were healthy; the mouth was full of dark tea-colored blood, which was also found in the pharynx, cesophagus, trachea, bronchi and larger bronchial tubes, the stomach, the lower part of the ileum, and the large intestine. No ulceration of the intestinal mucosa could be detected. The duodenum, jejunum, and upper part of the ileum were empty. The lungs were very emphysematous. There were ecchymoses in the dura mater. The child died on the second day, as in the majority of cases. Schütze

refers to a valuable summary of cases of melæna neonatorum in Max Runge's *Krankheiten der ersten Lebensstage*, 1893.—*British Medical Journal*.

**Protracted Anuria.**—Kaefer (*Berliner klin. Wochen.*, 1894, No. 13, p. 319) reports the case of a man, sixty-eight years old, and previously in excellent health, who came under observation after not having passed urine for six days. He suffered no discomfort and, but for the consciousness of the failure of the renal function, would have had no concern. It was only after having been struck by the fact that he had passed no urine for more than twenty-four hours that the man found, on attempting to do so, that he was unable to evacuate a drop. There was a little abdominal pain, but there had been no attack of colic. On the eighth day, however, such an attack did occur, after which for a time the secretion of urine was resumed; the fluid was found to contain pus corpuscles, and epithelial cells, but no urates. A short time later a second attack of anuria occurred, lasting for five days, when death took place amid the manifestations of pulmonary edema. The *post-*

## ROTHERHAM HOUSE.

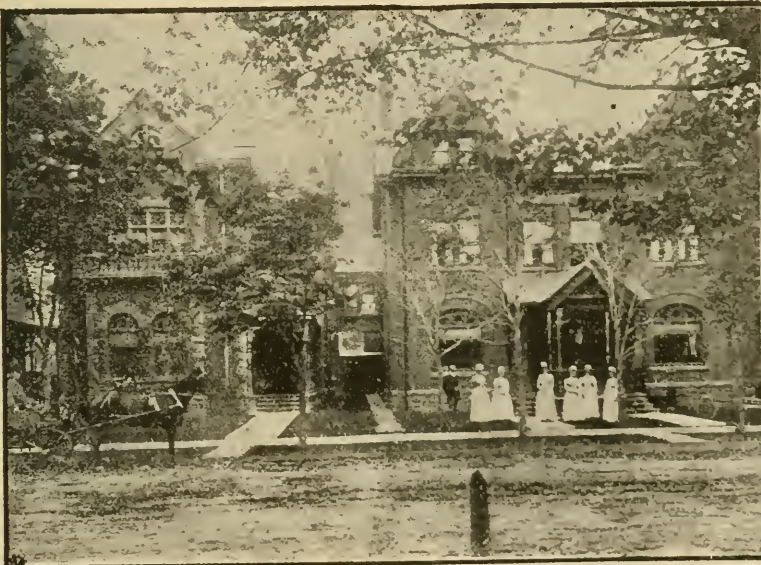
HOLFORD WALKER, M.D.

WILLIAM NATTRESS, M.D.

A Private Hospital for Diseases of the Nervous System (both sexes), Surgical and other diseases of women, Rheumatism, Incipient Phthisis, etc.

The institution comprises three buildings, thus securing perfect quiet when desired.

The flat roof has been converted into a large promenade deck, securing a cool breeze at all times in summer.



The Hospital is situated in the most healthy locality in Toronto, on the height of land, and, being only a few yards from the Yonge and Church Street motors, is within ten minutes to centre of city, station or wharfs.



### ELECTRICITY

in its various forms is resorted to in all suitable cases.

Trained Nurses for General Nursing, or Masseuses for Massage, can be obtained on application. Also a Masseur for the administration of Massage to men.

For Terms, or other information desired, address

**HOLFORD WALKER, M.D.,** Isabella St. TORONTO.



*mortem* examination disclosed the presence of obstruction of both ureters by calculi, with beginning hydronephrosis on the left side.—*Medical News*.

**Guaiacol in Diabetes.**—Clemens (*Allg. Med. Centr. Ztg.*, No. 12; *Wien. Med. Pr.*, No. 10) speaks favorably of the action of guaiacol in the treatment of diabetes. The dose employed was from six to ten drops, three times a day, in a tablespoonful of milk or cod liver oil. It was found that a distinct influence was exerted upon both the elimination of sugar and the excretion of urine. The remedy was well borne, and its use was followed by improvement in the general condition.—*Medical News*.

**Guaiacol Topically in Acute Tonsillitis.**—Raymond (*Medical Record*, No. 1220, p. 364) reports successful results from topical applications of pure guaiacol in the treatment of acute tonsillitis. The application is somewhat unpleasant and attended with moderate irritation, which is not

prevented by the previous application of cocain, but the duration of which is, as a rule, but brief. Relief of pain follows almost immediately, and in cases presenting febrile symptoms a slight decline in temperature may be observed. The applications were made with a cotton swab dipped in pure guaiacol. A 50 per cent. solution in oil of sweet almonds is less efficient. The therapeutic effect appears to be more pronounced in cases of superficial or lacunar tonsillitis than in the phlegmonous variety of inflammation.—*Medical News*.

**Perityphlitis.**—Mannaberg (*Centralbl. f. inn Med.*, March 10th, 1894) has frequently noticed, in some 100 cases of perityphlitis treated in Nothnagel's clinic, an accentuation of the second pulmonary sound. In upward displacement of the diaphragm owing to increased abdominal contents, meteorism, ascites, etc., this accentuation is well known. This, however, is not the explanation in perityphlitis, as frequently there was no distension to speak of. The cause of it is unknown at present.—*British Medical Journal*.



## Private Sanitarium ... for Inebriety

No. 1 Clarence Square, TORONTO, ONT.

THIS INSTITUTION possesses facilities for the successful treatment of the drink habit on modern principles.

It is situated on the corner of Spadina Avenue and Clarence Square, and facing a beautiful park; is only one block from street cars, only a short distance from the Brock Street boats, and five minutes' walk from Union Station. All the rooms are large, well furnished, and house is heated by furnace and gas.

The medical treatment is superintended by DR. GOODE, whose assistants are competent. As the residence of patients will be from three to four weeks, and as occupation or amusement is almost necessary, it will readily be seen that a first-class place where gentlemen may be treated in the city has great advantages over a like institution in the country.



### Miscellaneous.

"SIC TRANSIT."—As another exemplification of the old adage, "Many are called, and few are chosen," it is reported that the "Labordine Chemical Cie" has come to grief. J. H. Chambers & Co., publishers of the *Medical Review*, secured an attachment for \$75.00; and upon the Labordine people taking an appeal, the appeal bond, filed at the time, was found to be even more worthless than the account it sought to stave off. It is known also that they are behind in their rent, and that there is nothing tangible for any of their creditors. Mercantile agency reports say "there is said to be little if anything left for other creditors."

This company originally attempted the promotion of their specialty under the name of Analgine-Laborde. But more recently, however, they have been taking the back track by exhibiting the words Analgine-Laborde, cancelled and followed by the announcement that hereafter this "purely vegetable product" would be known as Labordine.

This is an illustration of the result that frequently follows efforts at pharmaceutical promotion, and medical journal publishers will find in many cases the experience of the *Medical Review*.

UTERINE AND OVARIAN PAINS.—Some leucorrhea, and dreadful, agonizing pain in uterus and ovaries for some years during menstruation. Sanmetto, teaspoonful, and hot water injection. Immense relief—almost immediate. Continued treatment, except hot water, during menstrual flux for several months. Great improvement. Much pleased.—D. F. DEMPSY, M. D., Madisonville, Ky.

FORMULA FOR HYPERPLASIA OF THE UTERUS.—The following is from an experienced gynecologist, and is recommended as being one of the best:

R Boro-glyceride (50 per cent. sol.  
Merrill & Co.'s . . . . . ʒi.  
Alum . . . . . ʒiii.  
Glycerine . . . . . ʒiv.

M. Use on tampon.—*California Medical Journal*.

## MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:

"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS  
WRITE OR CALL

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

## A REMEDY FOR SNEEZING :

- R Cocaine hydrochlorate . . gr. ii.  
 Menthol . . . . . gr. iv.  
 Boric acid . . . . . gr. xxviii.

M. Sig.: Snuff a little of the powder every two or three hours.—*California Medical Journal*.

**MORE BOGUS DIPLOMAS.**—From a correspondent in Toronto, we learn that a short man with generous ventral dimensions, a fugitive from justice in that city, is now selling bogus diplomas with the degree of M.D. attached to them, and has had quarters in Boston. It is thought that his portrait adorns the Rogues' Gallery in New York. He is wanted in Canada for fraud, in connection with the running of a loan and trust company.—*Medical Record*.

## FOR DYSENTERY :

- R *a*-Naphthol . . . . . gr. xv-lx.  
 Olei ricini . . . . . ʒiij.—M.

S.—From a teaspoonful to a tablespoonful thrice daily.

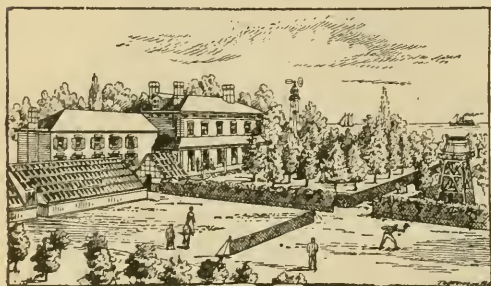
—*Med News*.

**THE PRACTICE OF MEDICINE IN MAINE.**—A correspondent sends us the following clipping from the Rockland (Me.) *Courier Gazette*, concerning the social and financial status of the physician in one of the small island towns: "There is talk of getting up a time to raise money to help keep our doctor here another year. He cannot stay on what practice he gets, and we cannot afford to have him go. The most of us know what it is to go to the main and Carver's Harbor for doctors. Let's wake up and get up a good time, and raise what money we can for the good cause!"—*Medical Record*.

**THE SMALLEST ON RECORD.**—A baby was recently born in a small Connecticut town which, if reports be true, rivals anything of the kind yet reported from Chicago: "The parents are Swedes. The father is employed by a farmer cutting the timber, and weighs about one hundred and ninety pounds. The mother is a stout, healthy woman, weighing perhaps one hundred and sixty pounds. The child is a male, as perfectly formed as a babe can be, and on its birth weighed only eight ounces. Its face is about the size of a horse-chestnut. A

# LAKEHURST SANITARIUM

## OAKVILLE, ONT.



FOR THE TREATMENT OF

### INEBRIETY

(Habitual and Periodical.)

**MORPHINE**, and other

**DRUG HABITS** and

**NERVOUS DISEASES**

**PHYSICIANS** generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some **FIRST-CLASS SANITARIUM**. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at **LAKEHURST SANITARIUM** rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
**OAKVILLE.**

ring worn on the little finger of its mother was easily slipped over his foot nearly up to the knee. It is the opinion of the attending physician that the child will live. The child is so small that three of its like could play hide-and-seek in a cigar box."

—*Medical Fortnightly*.

#### CHRONIC NEPHRITIS :

R Sodii benzoatis } ..... āā gr. lxxv.  
 Acidi tannici }  
 Extract gentianæ.....q. s. ut ft. pil. no. c.  
 S.—Two pills thrice daily.

Given in small doses in cases of uric-acid formation, sodium benzoate converts the insoluble urates into hippuric acid, and this is readily eliminated by the urine. Sodium benzoate is considered an excellent cholagogue, and may be given in the following combination :

R Sodii benzoatis }  
 Sodii salicylatis } ..... āā 3jss.  
 Pulv. rhei radices }  
 Pulv. nucis vomicæ.....3ss.—M.  
 Ft. pil. no. xx.  
 S.—One pill twice daily. —*Med News*.

MENTAL EXCITEMENT OF HYSTERIA.—Dr Blocq prescribes :

R Camphor. monobrom.... gr. xlv.  
 Extr. quassia..... 5 ss.  
 Syrup belladonn ..... q. s.  
 M. et ft. pil. no. xxx.

Sig. One, two or three pills a day.—*La Riforma Med.*

#### FOR LARYNGEAL PHTHISIS WITH DYSPHAGIA :

R Cocainæ hydrochloratis....gr. x.  
 Acidi boraci .....gr. iv.  
 Glycerini.....℥xv.  
 Aquæ destillatæ.....q. s. ad f3i.  
 Misce.

S.—To be applied to the throat when necessary.  
 —*Therapeutic Gazette*.

#### PRURITIS VULVÆ :

R Hydrarg. chlor. corros...i part.  
 Alum.....20 parts.  
 Starch .....100 parts.  
 Water .....2500 parts.

—BARTHOLOW.

## THE ACID CURE.

HITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., we will forward to any qualified practitioner for 35c.

#### TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." By JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure.—'The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. F. Coutts in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, then to neutralize the poison and overcome the morbid condition; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."

**COUTTS'**



**ACETOCURA.**

We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

LONDON, GLASGOW and MANCHESTER,

**COUTTS & SONS,**

72 Victoria St., TORONTO.



## GRANULAR CONJUNCTIVITIS :

- R Hydrarg. oxid. flav. . . . . gr. iij.  
 Zinci. oxid.,  
 Thymol,  
 Cocain, hydrochlorat . . . aa gr. iss.  
 Camphoræ . . . . . gr. ss.  
 Vaselini . . . . . ʒvj.  
 M. Sig. Apply locally.—*La Riforma Med.*

An iodoform emulsion for injection into tubercular fistules is prepared readily, according to Lucy (*Apoth. Ztg.*, 1893, p. 513), as follows : 3 parts iodoform are triturated with 1 part powdered starch, 20 parts glycerine and 12 parts water added, and the mixture warmed slightly. This emulsion is perfect and permanent.—*Notes on New Remedies.*

## ANTISEPTIC SPRAY :

- R Hydrogen per oxide . . . . . ʒii.  
 Glycerine . . . . . ʒi.  
 Liquid asepsin . . . . . ʒii.  
 M. Sig.: Use as a spray in consumption or any bronchial trouble.—*California Medical Journal.*

RHEUMATIC SORE-THROAT.—Dr. Fletcher Ingals, as a topical application, uses the following pigment :

- R Morphin, sulph. . . . . gr. iv.  
 Ac. carbolic,  
 Ac. tannic . . . . . aa. gr. xxx.  
 Glycerini,  
 Aquæ dest. . . . . aa. ʒiv.

M. S.—Apply locally.—*Medical Bulletin.*

Migrænin, according to J. J. Hofman, in *Pharm. Weekblad*, No. 43, contains by analysis :

Antipyrin . . . . .	89.4 parts.
Caffeine . . . . .	8.2 "
Citric acid . . . . .	.56 "
Moisture . . . . .	1.84 "

There is no likelihood that a definite chemical combination, or double salt of antipyrin, is formed ; it is simply a mixture, and, as such, migrænin is not entitled to legitimate standing.—*Notes on New Remedies.*

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon **SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES** to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. **SCOTT'S EMULSION** remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil ; 6 grs. Hypophosphite of Lime ; 3 grs. Hypophosphite of Soda to the fluid ounce.

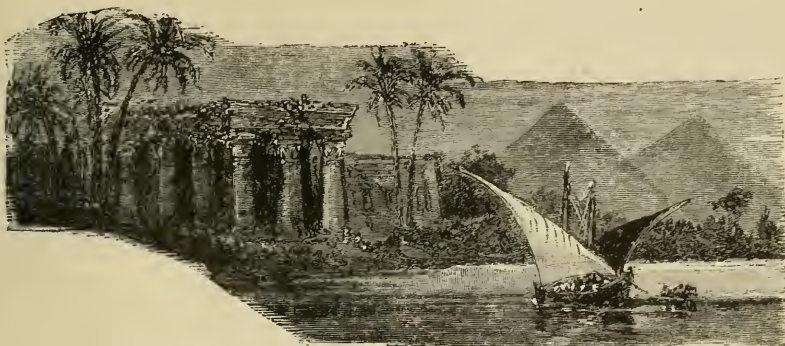
SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.

# In Convalescence

Doctors frequently tell their patients that a **change of climate** or a **sea voyage** would be the best thing for them. . . . .



Very few people, however, can afford to follow this advice, so it is necessary to suggest a substitute.

THE LEADING PHYSICIANS PARTICULARLY RECOMMEND

## WYETH'S BEEF, IRON AND WINE AS A STRENGTH GIVER.

IT IS A VALUABLE RESTORATIVE FOR CONVALESCENTS.

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

**A**S a nutritive tonic, it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases.

Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill-effects have been experienced from the use of the many imitations claiming to be the same, or as good as Wyeth's. In purchasing or prescribing, please ask for "WYETH'S," and do not be persuaded to take any other.

JOHN WYETH & BRO.,      DAVIS & LAWRENCE CO. (LTD.) MONTREAL.

*Manufacturing Chemists, PHILADELPHIA.*

*General Agents for the Dominion.*

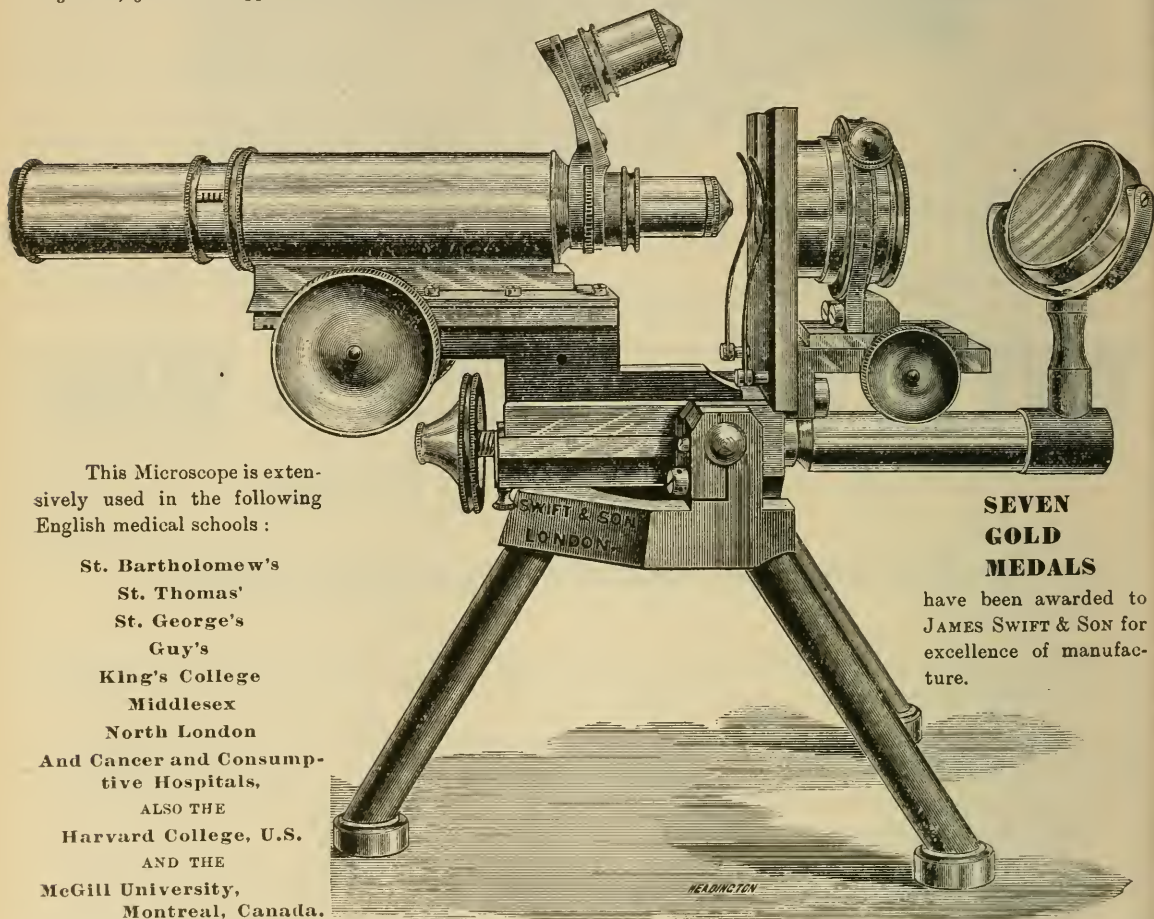
P.S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co.

# JAMES SWIFT & SON

## Manufacturing Opticians.

Specially appointed to the ROYAL COLLEGE OF SCIENCE, South Kensington, London.

**NEWLY CONSTRUCTED BACTERIOLOGICAL MICROSCOPE**, as shown in wood-cut, with coarse and fine adjustment; draw-tube extending from 160 to 220 mm; large stage, suitable for taking culture plates; full compound substage for carrying understage optical system; Abbe condenser of 1.2 N.A., with iris diaphragm 1" 0.17 or  $\frac{3}{8}$ " 0.30,  $\frac{1}{8}$ " 0.65 and  $\frac{1}{12}$ " oil immersion 1.25; two oculars and double nose-piece in cabinet, **£16 10s.**



This Microscope is extensively used in the following English medical schools:

St. Bartholomew's

St. Thomas'

St. George's

Guy's

King's College

Middlesex

North London

And Cancer and Consumptive Hospitals,

ALSO THE

Harvard College, U.S.

AND THE

McGill University,

Montreal, Canada.

### SEVEN GOLD MEDALS

have been awarded to JAMES SWIFT & SON for excellence of manufacture.

The above microscope, with coarse and fine adjustments, one eye-piece, iris diaphragm,  $\frac{1}{8}$ " and 1", or  $\frac{3}{8}$ " objectives, in cabinet, **£6 15s.** With sliding-tube in place of coarse adjustment, **£5 5s.**

Reprint from *English Mechanic*, May 4th, 1894:

### "A NEW MICROSCOPE.

"Dr. Dallinger, F.R.S., said he had long striven to get an inexpensive instrument of thoroughly good quality, suitable for histological work, so that the student need not go to Germany to get his microscope."

We thoroughly endorse Dr. Dallinger's remarks, and are sure any reader in search of a good and moderate-priced instrument will go much farther before he will find its equal—if he does then.



ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

# WM. R. WARNER & CO.'S SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: RELIABILITY,  
SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.

We append an abridged list of selected formulæ, of value to the general practitioner, any of which we will forward by mail on receipt of price.

SOLUBLE COATED PILLS.	BOTTLE		SOLUBLE COATED PILLS.	BOTTLE	
	100	500		100	500
<b>Abernethy's (Aperient)</b> .....	75	3 50	Pulv. Ipecac, 1-10 gr.		
Dose, 1.			Maas Hydrarg., 2 grs.		
Pulv. Aloes Socot., 2 grs.			Ext. Coloc. Co., 2 grs.		
Pulv. Ipecac. 5-6 gr.			<b>Aperient (Dr. Fordyce Barker)</b> .....	1 00	4 75
Pil. Hydrarg., 1 gr.			Med. prop.—Aperient. Dose, 1 to 2.		
Ext. Hyoscyam., 2 grs.			Ext. Coloc. Co., 1 2-3 grs.		
<b>Ague</b> .....	75	3 50	Ext. Nuc. Vom., 1-2 gr.		
Medical properties—Antiperiodic.			Ext. Hyoscyam., 1 1-4 grs.		
Dose, 2 to 4.			Pulv. Ipecac, 1-12 gr.		
Chinoidin. 2 grs.			Pulv. Aloes Soc., 5-12 gr.		
Ext. Coloc. Comp., 1-3 gr.			Res. Podophylli, 1-12 gr.		
Ol. Pip. Nig., 1-6 gr.			<b>Cascara Comp</b> .....	75	3 50
Ferri Sul., 1-2 gr.			Med. prop.—Laxative Cathartic.		
<b>Anthelmintic</b> .....	1 00	4 75	Dose, 2 to 4.		
Med. properties—Anthelmintic.			Ext. Cascara Sagrad., 3 grs.		
Dose, 1 to 2.			Res. Podophylli., 1-8 gr.		
Santonin, 1 gr.			<b>Chalybeate, 3 grs.</b> .....	60	2 75
Calomel, 1 gr.			Med. prop.—Antichlorotic. Dose,		
<b>Anti-Bilious (Vegetable)</b> .....	50	2 25	1 to 5.		
Med. prop.—Cholagogue, Cathartic.			Ferri Sulph., 1 1-2 grs.		
Dose, 2 to 3.			Potassa Carb., 1 1-2 grs.		
Pv. Ext. Col. Co., 2 1-2 grs.			<b>Cathartic Comp. Cholagogue</b> .....	60	2 75
Podophyllin. 1-4 gr.			Med. prop.—Cathartic. Dose, 1		
<b>Anti-Constipation</b> .....	75	3 50	to 2.		
Dose, 1 to 4.			Res. Podophylli. 1-2 gr.		
Podophyllin, 1-10 gr.			Pil. Hydrarg., 1-4 gr.		
Ext. Nuc. Vom., 1-4 gr.			Ext. Hyoscyami, 1-8 gr.		
Pv. Capsici, 1-4 gr.			Ext. Nuc. Vom., 1-16 gr.		
Ext. Belladon., 1-10 gr.			Ol. Res. Capsici, 1-8 gtt.		
Ext. Hyoscyami, 1-4 gr.			<b>Ergotine Comp. (Dr. Reeves)</b> .....	1 75	8 50
<b>Anti-Dyspeptic</b> .....	1 00	4 75	Med. properties—Sedative, Parturi-		
Med. prop.—Applicable where Debili-			ent. Dose, 1.		
ity and Impaired Digestion exist.			Ergotine, 3 grs.		
Dose, 1 to 2.			Ext. Cannab. Ind., 1-4 gr.		
Strychniæ, 1-40 gr.			Ext. Belladon., 1-4 gr.		
Ext. Belladonnæ, 1-10 gr.					

Prepared only by

## WM. R. WARNER & CO.

Originators and Manufacturers  
of Reliable  
Effervescent Preparations.

PHILADELPHIA.

NEW YORK.

LONDON.

Preparations supplied by all leading druggists.

The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:

LYMAN, SONS & CO. ....	KERRY, WATSON & CO., MONTREAL	LYMAN BROS. & CO. ....	TORONTO
EVANS, MASON & CO. ....	"	ELLIOT & CO. ....	
KENNETH CAMPBELL & CO. ....	"	LONDON DRUG COMPANY ..	LONDON
R. J. DEVINS .....	"	R. W. MCCARTHY .....	ST. JOHN
J. WINER & CO. ....	HAMILTON	BROWN & WEBB .....	HALIFAX

PREPARED BY

W. R. WARNER & CO.

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes.....2 grains. | Pulv. Rose los..... $\frac{1}{2}$  grain.  
" Mastic ..... $\frac{1}{2}$  grain. | M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastich, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

R—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext .....1 gr.  
Assafetida .....2 gr. | Ac. Arsenious .....1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph.  $\text{Fe SO}_4$  ) = Ferri Carb.  $\text{Fe Co}_3$   
Potass. Carb.  $\text{K}_2 \text{CO}_3$  f Potass. Sulph.  $\text{K}_2 \text{SO}_4$

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with  $\frac{1}{2}$  gr. Ext. Nux Vomica added to each Pill to increase the tonic effect. Dose, 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION.

R—Pepsin Conct .....1 gr. | Gingerine ..... 1-16 gr.  
Pv. Nux Vom ..... $\frac{1}{2}$  gr. | Sulphur..... $\frac{1}{2}$  gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda .....1 gr.  
Salicylic Acid ..... 1 gr.  
Ext. Nux Vomica ..... $\frac{1}{2}$  gr.  
Powd. Capsicum .....1-10 gr.  
Concentrated Pepsin.....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

R—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna,  $\frac{1}{2}$  gr.

Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinia;

Ext. Colchicum; Ext. Phytolacca; Capsicum.

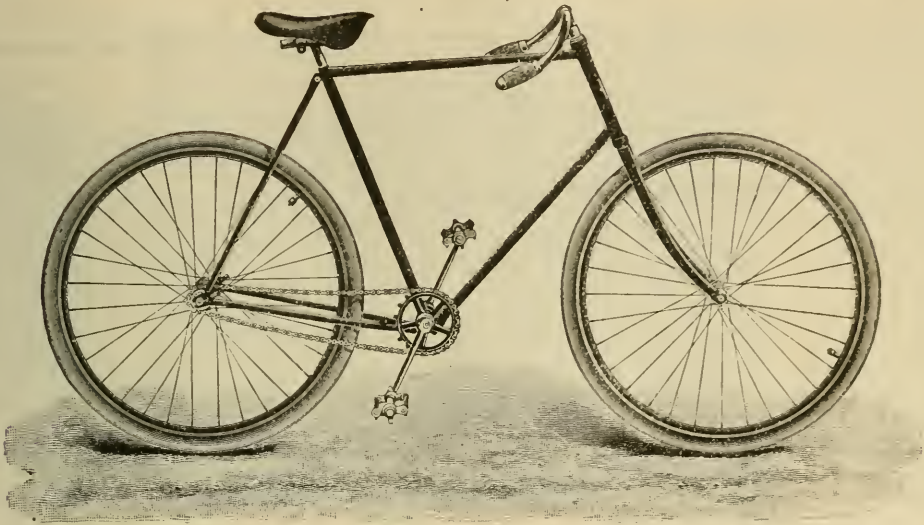
Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.

WE would call the attention of **Physicians** who are about to purchase **Bicycles** to the . . . the leading Bicycle of the United States. A strictly high-grade wheel. Every one guaranteed. The lightest running and most reliable wheel in use.

“ **CLEVELAND** ”



... SEND FOR CATALOGUE TO ...

WESTMAN & BAKER, Agents, 78 Wellington St. West, TORONTO

## SAUNDERS' MEDICAL EXCHANGE

INCORPORATED

(Late New York Medical Exchange)

CHAUNCEY BUILDING - - - MADISON AVENUE AND 43rd STREET, NEW YORK CITY

UNDER THE DIRECTION OF MEMBERS OF THE MEDICAL PROFESSION

In addition to the Board of Directors there is an Advisory Board, composed of gentlemen of high standing in the profession, to whom all matters of dispute and complaint will be referred, and whose decision will be binding on the Exchange.

**MEDICAL PRACTICES** transferred. Locations obtained for physicians. Valuations and investigations undertaken. Trustworthy and efficient assistants and substitutes supplied at short notice.

**GENERAL COMMISSION AGENCY** for the sale and purchase of everything that pertains to the medical profession. All purchases of instruments and medical appliances will be made through *specialists*.

**REAL ESTATE** bought and sold. Care of estates undertaken. Lists of apartments and houses for physicians always on view.

**GENERAL INSURANCE** brokerage.

*All business transactions conducted in strict confidence.*



# New York Post - Graduate Medical School and Hospital.

THIRTEENTH YEAR. SESSIONS OF 1894-95.  
SUMMER TERM.

The summer term of this Institution, which is now permanently located in its new building, will open on June 1st. The capacity of the new structure allows of a very large dispensary, and the accommodation of 190 patients. The summer term offers advantages of its own to the practitioner, in that the classes in attendance at the School are smaller. The instruction is given by members of the Faculty, expressly chosen for this purpose, and will be practical and thorough.



Physicians living in the immediate vicinity, or at a convenient distance from New York, can secure the clinical advantages they desire by purchasing "coupon tickets," available for certain days of the week. Fees for the summer term are one half those of the winter.

For Catalogue and Schedule, address

**F. EUGENE FARRELL, SUPT.** **CLARENCE C. RICE, M.D., SECRETARY,**  
Cor. 2nd Ave. and 20th St., New York City.

## Queen's University

MEDICAL FACULTY,  
AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.

*The Fortieth Session will commence on Tuesday, October 3rd, 1893.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.

# GRACE HOSPITAL

(Homœopathic)

College and Huron Sts., Toronto.



This Hospital, the only Homœopathic Institution in Canada, is situated in the most desirable portion of the city, accessible by street cars from every quarter, and capable of accommodating upwards of 100 patients. The building is extremely bright and cheerful, steam-heated throughout, and fitted with every modern convenience. To the west of the main building, and connected therewith, is a large residence which is used as a maternity ward.

All cases suitable for hospital treatment, both medical and surgical, are received, and private patients are permitted the attendance of any qualified practitioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homœopathic treatment.

**BOARD OF TRUSTEES:**—HIS HONOUR JOSEPH E. MACDOUGALL, *Chairman*; EDWARD GURNEY, ESQ.; W. R. McMURRICH, ESQ.; J. D. NASMITH, ESQ.; FRED. ROPER, *Sec'y-Treas.*, No. 2 Toronto St., Toronto; MISS LOUISE BRENT, *Superintendent*; MISS F. E. SHANLY, *Secretary, Grace Hospital.*

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1893-94.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the last Tuesday of September, 1893, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1894, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty,

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## ALLAN & CO.

HAVE IN STOCK AND ARE OFFERING THE PHYSICIANS  
AND SURGEONS A COMPLETE LINE OF

Slumber Roils  
Atomizers  
Silk Stockings  
Trusses  
Water Bottles  
Enemas and Fountain  
Syringes  
Clinical Thermometers  
Surgeons' Sponges  
Caustic Points, etc.

Being agents for the IDEAL RUBBER COMPANY, of Brooklyn, N.Y., we are in a position to quote the very lowest prices on all rubber goods.

## ALLAN & CO.,

E. B. S. FLUID EXTRACTS.

53 Front Street East.



**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

**60 COLLEGE STREET,**

**TORONTO.**

**DR. TEMPLE'S****Private Hospital,**

BELLEVUE HOUSE,

87 BELLEVUE

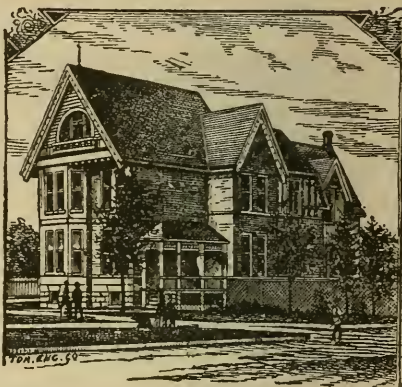
AVENUE

TORONTO.

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new

**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALCERNON TEMPLE, M.D.,**

203 Simcoe Street, - - Toronto.

*Private Orthopædic Hospital*

FOR DEFORMITIES, JOINT AND  
SPINAL DISEASES. . . . .

Apply for terms to . . **W. W. BREMNER, M.D.**

**39 Bloor Street East, = = Toronto.**

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2 \text{PO}_4$ , Sodium Phosphate  $\text{Na}_2 \text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2 \text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3 \text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychniæ, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

**Dose.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Druggists at One Dollar.



# \$200 A MONTH

CAN BE MADE BY ENERGETIC SALESMEN WHO DEVOTE THEIR ATTENTION TO SELLING OUR SAFES



OUR new 80-page, finely illustrated Catalogue, will be mailed **free** to any address on application. Don't fail to write us at once and get into the field early.

We make a complete line of all sizes from \$15 to \$300.

All work strictly first-class.

Doctors especially are well suited to sell our Safes, as they can usually display them to good advantage. If you have no Safe of your own, write us at once for special proposition.

The **VICTOR** has now stood the test in over three hundred severe fires.

## The VICTOR Safe and Lock Co.,

CINCINNATI, OHIO.

COFFEYVILLE, KAN., April 30, 1892.

*The Victor Safe and Lock Co., Cincinnati, Ohio:*

GENTLEMEN,—My office and fixtures, with all my surgical instruments, were burned yesterday morning. It was a dreadfully hot fire, caused by the burning of five two-story and basement buildings, and the basement of this particular building was filled with liquors, which, as I say, made a hot fire. But my No. 4 Safe, which I purchased from you, fell from the second story into the basement, and with all that heat my books, papers, notes, etc., came out all right, contrary to the opinion expressed by many of my friends, that the Safe would surely be the means of your selling a great many Safes in our vicinity. We certainly can not recommend your company too highly. I shall need another Safe, and wish you would send your new Catalogue at once.

Yours truly,

W. C. HALL, M.D.

In answering advertisement mention this Journal.

## Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1894-95.**

The REGULAR SESSION begins on Monday, September 24, 1894, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The SPRING SESSION consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 25, 1895, and continues until the middle of June.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

## Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D., - THOMAS M. MARKOE, M.D.  
WM. T. LUSK, M.D., - WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOE, M.D., - S. W. LAMBERT, M.D.  
J. CLIFTON EDGAR, M.D., - H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

For further information apply to

CHARLES FORD, Superintendent,

314 Broome St., New York City.

Special instruction upon the manikin given by the attending physicians.

ESTABLISHED 1850.

INCORPORATED BY ACT OF PARLIAMENT.

# TRINITY MEDICAL COLLEGE, TORONTO.

IN AFFILIATION WITH

The University of Trinity College, The University of Toronto, Queen's University, The University of Manitoba; and specially recognized by the several Royal Colleges of Physicians and Surgeons in Great Britain.

## FACULTY.

### PROFESSORS.

**WALTER B. GEIKIE, M.D., C.M., D.C.L., F.R.C.S.E., L.R.C.P.**, Lond.; Dean of the Faculty; Member of the Council of the College of Physicians and Surgeons of Ont.; Member of the Consulting Staff of the Toronto General Hospital.—Holyrood Villa, 52 Maitland Street.

Professor of Principles and Practice of Medicine.

**J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S., Eng.**; Member of the Consulting Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital.—203 Simcoe Street.

Professor of Obstetrics and Gynecology.

**THOMAS KIRKLAND, M.A.**, Principal of the Normal School Toronto.—432 Jarvis Street.

Professor of General Chemistry and Botany.

**C. W. COVERNTON, M.D., C.M., M.R.C.S., Eng.**; Lic. Soc. Apoth., Lond.; ex-Chairman and Member of the Provincial Board of Health.

Emeritus Professor of Medical Jurisprudence and Toxicology.

**FRED. LE M. GRASETT, M.D., C.M., Edin. Univ.; F.R.C.S.E.**; M.R.C.S., Eng.; Fell. Obstet. Soc., Edin.; Member of the Acting Surgical Staff of the Toronto General Hospital; Physician to the Burnside Lying-in Hospital; Member of the Consulting Staff of the Toronto Dispensary.—208 Simcoe Street.

Professor of Principles and Practice of Surgery, and of Clinical Surgery.

**W. T. STUART, M.D., C.M., Trin. Coll., and M.B., Univ. Toronto**; Professor of Chemistry, Dental College, Toronto.—195 Spadina Avenue.

Professor of Practical and Analytical Chemistry.

**CHARLES SHEARD, M.D., C.M., Fell. Trin. Med. Coll., M.R.C.S., Eng.**; Member of the Acting Staff of the Toronto General Hospital; Consulting Physician to the Victoria Hospital for Sick Children.—314 Jarvis Street.

Professor of Physiology and Histology.

**G. STERLING RYERSON, M.D., C.M., L.R.C.P., L.R.C.S., Edin.**; Surgeon to the Eye and Ear Dept., Toronto General Hospital, and the Victoria Hospital for Sick Children.—60 College Avenue.

Professor of Ophthalmology and Otolaryngology.

**LUKE TESKEY, M.D., C.M., M.R.C.S., Eng.**; Member of the Acting Surgical Staff of the Toronto General Hospital, and Professor of Oral Surgery, Dental College, Toronto.—201 Church Street.

Professor of Anatomy and Pathology.

**JOHN L. DAVISON, B.A., Univ. Tor., M.D., C.M., M.R.C.S., Eng.**; Member of the Acting Staff of the Toronto General Hospital, and Physician to the Victoria Hospital for Sick Children.—12 Charles Street.

Professor of Materia Medica and Therapeutics—Theory and Art of Prescribing, etc.

**G. A. BINGHAM, M.D., C.M., Trin. Coll.; B.M., Tor. Univ.**; Member of the Acting Staff of the Toronto General Hospital; Surgeon to Victoria Hospital for Sick Children.—64 Isabella Street.

Professor of Applied Anatomy and Senior Demonstrator of Anatomy.

### LECTURERS, DEMONSTRATORS,

### INSTRUCTORS AND ASSISTANTS.

**NEWTON ALBERT POWELL, M.D., C.M., Trin. Coll.; M.D.**, Bellevue Hosp. Med. Coll., N. Y.; Lecturer on the Practice of Surgery, Women's Medical College, Toronto; Pathologist to the Toronto General Hospital.—Cor. of College and McCaul Streets.

Lecturer on Medical Jurisprudence and Surgical Appliances.

**E. A. SPILSBURY, M.D., C.M., Trin. Univ.**; Surgeon to the Nose and Throat Department, Toronto General Hospital.—210 Huron Street.

Lecturer on Laryngology and Rhinology.

**ALLAN BAINES, M.D., C.M., Fell. Trin. Med. Coll.; L.R.C.P.**, Lond.; Member of the Acting Staff of the Toronto General Hospital; Physician to the Victoria Hospital for Sick Children.—194 Simcoe Street.

Diseases of Children.

\_\_\_\_\_, M.D., M.R.C.S., Eng.; Member of the Acting Staff Toronto General Hospital.—18 Bloor Street.

Lecturer on Sanitary Science.

**E. B. SHUTTLEWORTH**, Late Principal and Professor of Chemistry and Pharmacy, Ontario College of Pharmacy.—220 Sherbourne Street.

Practical Pharmacy, etc.

**A. Y. SCOTT, B.A., Tor. Univ.; M.D., C.M., Trin. Univ.**; Dean of the Ontario College of Pharmacy.—Cor. North Drive and Lampart Avenue.

Zoology, etc.

**D. J. GIBB WISHART, B.A., Tor. Univ.; M.D., C.M., L.R.C.P.**, London.—47 Grosvenor Street.

Instructor in the Appliances used in Diseases of the Eye, Ear, Nose and Throat.

**G. GORDON, B.A., Tor. Univ.; M.D., C.M., L.R.C.S. & P.**, Edin.; L.F.P. & S., Glasgow.—619 Spadina Avenue.

Assistant Demonstrator of Anatomy.

**F. C. COWAN, M.D., C.M.**—176 John Street.

**D. J. GIBB WISHART, M.D., C.M., B.A., Univ. Tor.; L.R.C.P.**, Lond.

\_\_\_\_\_, M.D., C.M.; M.R.C.S., Eng.

Assistants in Practical Anatomy.

**C. TROW, M.D., C.M., Trin. Univ.; L.R.C.P., Lond.**; Surgeon to the Eye and Ear Department of Toronto General Hospital.—57 Carlton Street.

Clinical Lecturer on Diseases of the Eye and Ear.

**CLINICAL TEACHING.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients is also very large, and thus abundant opportunities are enjoyed by students for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases and Skin Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had the staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

Daily clinical instruction in the spacious wards and theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the Hospital, by the respective professors in medicine and surgery of both schools.

**FEES FOR THE COURSE.**—The fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical Appliances is an optional branch, fee \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas, Fellowship, etc., will be given in the Annual Announcement.

**W. B. GEIKIE, M.D., Dean, 52 Maitland Street.**



# “H. V. C.”

Hayden's Viburnum Compound.

Specially Recommended in the . . . .

**AILMENTS OF WOMEN**  
AND IN  
**OBSTETRICAL PRACTICE**

**A Powerful ANTISPASMODIC, ANODYNE, NERVINE and UTERINE TONIC.**

*Perfectly SAFE, PROMPT and RELIABLE, without Narcotics, Coal Tar Products, Depressants or other poison, and may be given to a child without special caution. Superior to Ergot in all cases where indicated.*

“H. V. C.” has now been in the hands of the Medical Profession **Twenty-six Years**, with the most decided success. It is prescribed and recommended by the majority of the most eminent physicians in the United States, and employed in the principal hospitals throughout the Union with satisfaction.

“H. V. C.” excels in DYSMENORRHEA, MENORRHAGIA, THREATENED ABORTION, DANGEROUS FLOODING, PUERPERAL CONVULSIONS, SPASMS, TEDIOUS LABOR, INERTIA with a tendency to COLLAPSE, AFTER PAINS, and in cases of GREAT EMERGENCY. A remedy that may be employed HEROICALLY where indicated.

**REFERENCE.—The great body of the medical profession.**

For special directions, formulæ, reports of cases, and the endorsement of *five thousand physicians*, send us your address for our large hand-book—THEORY, PRACTICE and DEMONSTRATION—FREE.

Put up in 4 oz., 10 oz., and 16 oz. bottles, and dispensed by all reliable druggists. Write only for “H. V. C.,” and accept no other.


**THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.**

**A Vitalizing Tonic to the Reproductive System.**

# SANMETTO

FOR

## GENITO-URINARY DISEASES.

 **A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.**

SPECIALLY VALUABLE IN

**Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.**

**POSITIVE MERIT AS A REBUILDER.**

Dose :—One teaspoonful four times a day.

**OD CHEM. CO., NEW YORK.**



# FAIRCHILD'S EXTRACTUM PANCREATIS

As a Solvent of Broken-down Ligamentous Tissue and  
Spicula of Dead Bone in the Abscess  
Cavity of Hip-joint Disease.

---

“ Dr. C. D. Jones, of Brooklyn, poured a solution of pancreatic extract (pancreatic extract, 2 dr.; water, 8 oz.) into the abscess cavity of a case of hip-joint disease one week after the operation of excision had been performed. He then wrote me as follows: ‘ The solution was allowed to remain in place half an hour, and the result was remarkable. Upon irrigation, I washed out numerous shreds of broken down ligamentous tissue, and many spicula of dead bone that had become embedded in the soft tissues that had previously escaped both irrigator and curette. The wound was then flushed out with hydrogen peroxide, and this treatment was followed by a marked improvement in the patient’s general condition.’ ”

*Excerpt from Dr. Morris’ paper in “N. Y. Medical Journal,” April 11th, 1891.*

*See Fairchild’s Hand-book of Digestive Ferments.*

For Table of Contents see Page 3.

# Ontario Medical Journal.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO, BRITISH COLUMBIA, AND  
NORTH-WEST TERRITORY.

BY THE MEDICAL COUNCILS OF THE RESPECTIVE PROVINCES.

Vol. II.]

TORONTO, JULY, 1894.

[No. 12

## The New Digestive Agent

# PEPTENZYME

Contains the *active* and *mother ferments (enzymes)* of seven organs or glands, extracted by a new process which isolates the enzyme products in the same condition as they exist in nature,

Neither Pepsin nor any of the digestive products heretofore prepared bear any comparison to **PEPTENZYME** in aiding digestion in the digestive tract.

*Send for Samples and Pamphlets*

REED & CARNRICK

When writing please mention this Journal.

30 Wellington Street East, TORONTO.

## Cholagogue Tablets

EACH TABLET CONTAINS:

Bichloride of Mercury .....	1-30 grain.
Arsenious Acid .....	1-30 "
Powdered Ipecac .....	1-15 "
Calomel .....	$\frac{1}{2}$ "

Dose: One to two, every four hours, until six to twenty have been taken.

THESE TABLETS are especially designed to remove completely the old and deteriorated biliary and pancreatic secretions from the system, and at the same time to stimulate the liver and pancreatic gland to a more perfect action. The removal of the defective biliary and pancreatic secretions is effected by the action of the bichloride of mercury, arsenious acid, and ipecac, all three of which tend to stimulate a very active and abundant discharge of biliary and pancreatic fluid from the glandular epithelium of the liver and pancreatic gland, while at the same time the small and frequently repeated dose of calomel contained in the Tablet causes a very copious discharge of this hyper-secreted bile which is contained in the bile ducts, and ultimately from the system, in connection with the stools.

Put up in bottles holding 100 Tablets.

REED & CARNRICK

MANUFACTURING CHEMISTS

30 Wellington Street East - - TORONTO

## Innervative Tablets

EACH TABLET CONTAINS:

Sulphate of Strychnine .....	1-60 grain.
Hydrochlorate of Caffeine .....	1 "
Extract of Damiana .....	1 $\frac{1}{2}$ "
Extract of Taraxacum .....	$\frac{1}{2}$ "

Dose: From one to two, every four or five hours.

These Tablets are designed especially as adjuncts to the Cholagogue Tablets and Pancrobilin Pills in the Treatment of Chronic Digestive Derangements.

ALSO in connection with all cases in which the nerve force is greatly depressed. Long continued malnutrition of the system develops a depressed and neurasthenic condition of system.

In these cases the lack of vital force is at such a low ebb that, even though the food chosen be perfect and the most available digestive agents are used, the patients steadily fail. The administration of this Innervative Tablet furnishes to the system what it cannot generate for itself, and is often—<sup>known</sup> together with a good diet and PANCROBILIN PILLS—the factor needed to effect a complete recovery.

Put up in bottles holding 100 Tablets.

REED & CARNRICK

MANUFACTURING CHEMISTS

30 Wellington Street East - - TORONTO

# FELLOWS' HYPO=PHOS=PHITES.

(SYR : HYPOPHOS : COMP : FELLOWS.)

## To the Medical Profession of Canada . . . .

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts :

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

FIRST.—Unique harmony of ingredients suitable to the requirements of diseased blood.

SECOND.—Slightly Alkaline reaction, rendering it acceptable to almost every stomach.

THIRD.—Its agreeable flavour and convenient form as a Syrup.

FOURTH.—Its harmlessness under prolonged use.

FIFTH.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

# GARDEN HOSE . . . . .

## HOSE REELS AND LAWN REQUISITES

Use only 'CROWN,' 'VICTOR,' and 'EUREKA'  
brands of HOSE

UNPARALLELED DEMAND FOR 'CROWN' HOSE THIS SEASON

### SURGICAL RUBBER GOODS

AIR AND WATER BEDS AND PILLOWS

SHOOTING AND FISHING BOOTS

CAMP BAGS AND BLANKETS

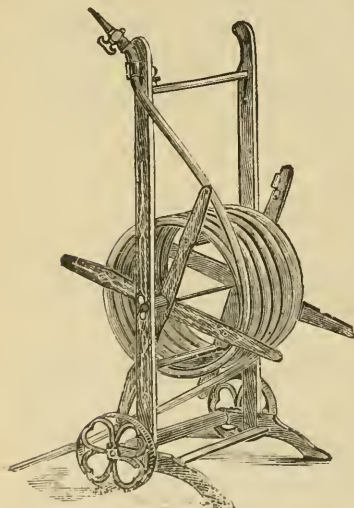
LIFE PRESERVERS, ETC.

## EVERYTHING IN RUBBER

THE TORONTO RUBBER CO. LTD.

PHONE 455

28 King St. West (Manning Arcade), TORONTO, ONT.





CONTENTS.

EDITORIALS:—	PAGE	AN EPITOME OF CURRENT MEDICAL LITERATURE:—	PAGE
An Explanation .. .. .	441	MEDICINE: Successful Treatment of Tuberculous Meningitis by Trephining and Drainage of the Sub-arachnoid Space .. .. .	489
Editorial Notes.. .. .	442	The Safranin-Reaction in Sputum as an Aid to the Differential Diagnosis of Pneumonia from Bronchitis. 490	
PRINCE EDWARD ISLAND .. .. .	442	Cardiac Asthenia or Heart-exhaustion .. .. .	491
Prince Edward Island Medical Society .. .. .	443	Alpha Naphthol in Typhoid Fever .. .. .	492
ORIGINAL COMMUNICATIONS:—		MISCELLANEOUS:—	
Hip-Joint Disease—Its Pathology, Etiology, Diagnosis and Treatment. By W. W. Bremner, M.D. .. .. .	443	Antiseptic Snuff Powder .. .. .	493
MEDICAL COUNCIL MEETING:—		Feeding in Fevers—The Remedy Par Excellence—Chronic Cystitis .. .. .	494
Proceedings at Meeting of Medical Council of Ontario in June, 1894 .. .. .	448	Broncho-Pneumonia—Syphilis—Certain Antidotes .. .. .	495
MEETINGS OF MEDICAL SOCIETIES:—		Cologne-Water in Coryza—Dillon Dentifrice—Chronic Constipation—Chanoroid .. .. .	496
Ontario Medical Association .. .. .	485	Dyspepsia—Salicylate of Sodium in Cancer—Terraline in Broncho-Pneumonia—For Neuralgia—Phenocoll Hydrochloride in Childhood .. .. .	497
Meeting of Medico-Chirurgical Hospital Board .. .. .	486	Catarrh of Gall Ducts—Diphtheria—Antidiabetic Powder—Night-sweats—Migraine .. .. .	498
American Electro-Therapeutic Association .. .. .	487		
CORRESPONDENCE .. .. .	487		
REQUISITION TO DR. BROCK:—			
Election of a Representative to the Medical Council of the College of Physicians and Surgeons, 1894 .. .. .	487		
BOOK NOTICES .. .. .	488		

If through any oversight the JOURNAL is not received regularly, please promptly notify Dr. Orr, 147 Cowan Avenue, Toronto.

Subscription \$2 per annum (outside of Ontario and British Columbia).

## The milk supply open to suspicion.

Tuberculosis in cows is very prevalent. The preparation of infant foods with infected milk is dangerous.

## NESTLÉ'S FOOD

meets this emergency, being prepared for use with water only. It furnishes the safest and most nourishing diet for infants obtainable.

Physicians indicating number of samples desired will be cheerfully supplied gratis by addressing

Thos. Leeming & Co., 73 Warren St., N. Y., Sole Agents for the U. S.

# Seeing is Believing

The cured patient is an ocular evidence of her physician's skill. Asparoline Compound will help you, Doctor, to cure Functional Dysmenorrhœa and Leucorrhœa patients. May we send you enough, free, to prove this assertion?

Dr. F. C. BRUCE, of Easthampton, Mass., writes us:—

"In a case of Dysmenorrhœa of four years' standing—the worst case I have ever seen—which one grain of Morph. Sulph. would not relieve for more than half an hour, I gave a two-ounce bottle of 'Asparoline,' and it afforded more relief than had ever been experienced from any previous remedy. The second catamenial period following its use was unattended by any pain, and only one teaspoonful was then taken. The patient now describes her periods as painless.

"I have used 'Asparoline' in Post-Partum pains, in Menostasis and in Menorrhagia, and I am convinced that if there is a panacea for uterine and ovarian diseases, 'Asparoline' is that panacea."

## FORMULA.

Parsley seed .....	Grs. 30
Black Haw (bark of the root) .....	" 60
Asparagus seed .....	" 30
Gum Guaiacum .....	" 30
Henbane leaves .....	" 6
Aromatic	

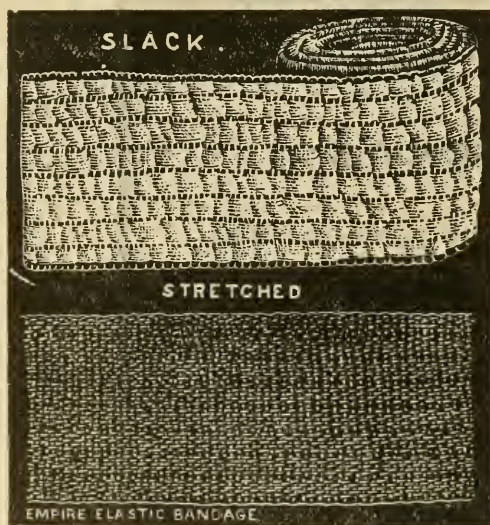
To each fluid ounce.

PREPARED SOLELY BY

## HENRY K. WAMPOLE & CO.

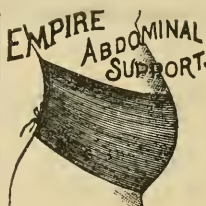
Pharmaceutical Chemists

PHILADELPHIA, PA.



### THE EMPIRE ELASTIC BANDAGE.

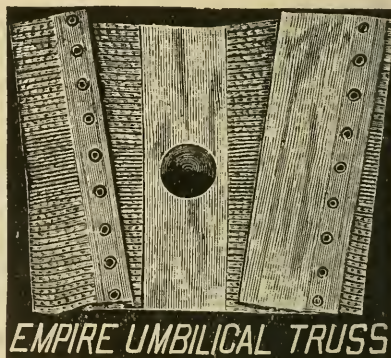
Specially adapted for varicose veins, and superior to elastic stockings. The most elastic and absorbent bandage made. Price, 3 in. x 5 yd., \$1.00.



### THE EMPIRE ABDOMINAL SUPPORTER

Is the best, cleanest, coolest, most comfortable and efficient supporter in the world. TRY IT.

PRICES: 8 in. wide, \$2.50;  
11 in. wide, \$3.00.



### EMPIRE UMBILICAL TRUSS

The Empire Umbilical Truss is an 11 inch supporter, with button inserted at the navel. Price \$4.00.

The above prices are net to Physicians, postage paid, upon receipt of price. Satisfaction guaranteed.

## EMPIRE MANUFACTURING CO., LOCKPORT, N.Y., U.S.A.



# VERMIFUGIN

Is a compound powder, introduced for the convenience of medical men in prescribing for the removal of the various kinds of worms which inhabit the human system—children between the ages of 2 and 10 years being especially subject to them. We unhesitatingly, and without fear of contradiction, state that it is the only **SURE, SAFE and SATISFACTORY** anthelmintic or worm specific at present in use. It is composed of the very finest Mexican **Jalap** (*Ipomœa Furga*), **Santonin** (from that species of Russian *Artemisia* known as *semen contra*), **Scammony Resin** (from the *convolvulus scammonia* of Asia Minor), all carefully selected, and combined with **Calomel** (manufactured by Howards & Sons, London, England) and **Sugar** in such proportions as to produce the desired effect without any griping or pain. This powder is so proportioned that the following rule can be observed in prescribing, viz.: For every year in the age of a child, up to ten years, one grain is to be given; for instance: the dose for a child of ten years is ten grains; eight years, eight grains; five years, five grains, etc., etc., etc., to be taken at bedtime, and repeated next morning, if necessary, no purgative being required after this medicine. The great convenience afforded in prescribing the **VERMIFUGIN** is apparent at a glance, the trouble of regulating and proportioning doses according to age being altogether avoided. **VERMIFUGIN** should be especially acceptable to those physicians who dispense their own medicines, for the reason that all delay and annoyance in mixing the powders usually prescribed for worms is entirely removed. The country practitioner can carry an ounce bottle of the **VERMIFUGIN** with his other medicines, and, in emergency cases, it could be used not only as a vermifuge, but as a safe cathartic. The use of the **VERMIFUGIN** is now, and always will be, confined to the medical profession, being entirely unknown to the laity. The **VERMIFUGIN** will be found effective in all cases where the patient is troubled with **Round Worms** (*Ascaris Lumbricoides*), **Pin** or **Thread Worms** (*Ascaris Vermicularis*), and will generally remove that human pest, the **Tape Worm** (*Tænia Solium*). Occasionally adults are annoyed, not only with the tape worm, but also the round and pin worms; in such cases the following prescription will be found effective:—

R Vermifugin.....gr. x.  
Hyd. Subchlor .....gr. ii.  
Fiat pulv.  
Sig. —. H. S. S. —.

## COMPLIMENTARY TESTIMONIAL:

TORONTO, JANUARY, 1894.

MESSRS. J. C. GRAY & Co.,  
*Manufacturing Apothecaries.*

GENTLEMEN,—I have used your **Vermifugin** frequently as an anthelmintic, and find it very convenient and efficacious.

Yours,

J. T. ROBINSON, M.D.,  
*Resident Physician, Hospital for Sick Children.*

# JOHN C. GRAY & Co.,

MANUFACTURING APOTHECARIES,

TORONTO, CANADA.

N.B.—Price to Physicians and Retail Druggists, \$1.00 per ounce bottle.



# CALEDONIA SPRINGS, ONT.

Season Reopens June 6th

## ALKALINE SALINE WATERS

THE attention of medical men is called  
to the reputation attained by these  
Waters in . . . . .

## RHEUMATIC

## DYSPEPTIC

## CUTANEOUS

AND KINDRED AFFECTIONS

SOLD BY DRUGGISTS, HOTELS AND GROCERS

For Guides and Circulars, address

GRAND HOTEL CO'Y

CALEDONIA SPRINGS - - - - ONTARIO

# CHOREA!!!

The Profession will find an ideal remedy in **PIL: HÆMATINIC:** (HOWARD'S). It is now established beyond preadventure that Chorea is in reality a paralytic condition. And, while narcotics and antispasmodics are useful in the immediate promoting of rest and sleep, the true and scientific method of treatment is the removal of the paralysis, and consequent restoration of the equilibrium between the motor and inhibitory powers.

**PIL: HÆMATINIC:** (HOWARD'S) really fills a desideratum in the therapeutic field, and will be found unique in its powers and action. All states of Lowered Vitality are benefited in a truly remarkable manner by this favorite formula.

No progressive physician can afford to dispense with the aid of this powerful and efficient remedy in the large and increasing class of cases in which diminished or perverted enervation and lack of nutrition are the objective points for treatment.

A trial is solicited. Sample box to any address for 25c. Price, \$4.00 per dozen boxes; 50c. per box. Dose: one to three pills half an hour after each meal. Correspondence solicited. Strictly professional.

The Dr. Howard Medicine Co. (R'd.)  
**BROCKVILLE, ONT.**

# The CHARLES ROGERS & SONS CO., Ltd.

## 97 YONGE STREET, TORONTO.

INVALID CHAIRS

COMMODOES

BED TRAYS

BED RESTS

Etc., Etc.



IRON BEDS

For Institutions

BRASS BEDS

BRASS COTS

Etc., Etc.]

The largest and finest assortment of Household Furniture kept by any house in Canada.



Agents for Graybill's fine line of Office Desks.

97 YONGE STREET, TORONTO, ONT.

SAMUEL C. BENEDICT, M.D.  
SURGEON.

VICE-PRESIDENT OF THE  
NATIONAL ASSOCIATION OF RAILWAY SURGEONS

RICHMOND AND DANVILLE,  
MACON AND NORTHERN,  
SEABOARD AIR LINE,  
AND  
GEORGIA RAILROADS.

ATHENS, GA., APRIL 13TH, 1894.

DEAR SIRs:

AS PER ENCLOSED, PLEASE SEND ME AN OUNCE EACH OF ANTIKAMNIA IN 2, 3 AND 5 GRAIN TABLETS. IT IS A REMEDY OF MARVELOUS EFFICACY AND PERFECTLY SAFE USED WITH THE PROPER DOSAGE TO AGE AND TEMPERAMENT. ANTIKAMNIA IS EXCEEDINGLY VALUABLE FOR PAIN, PERMITTING ME IN MANY CASES TO DISPENSE WITH PREPARATIONS OF OPIUM.

VERY TRULY YOURS,

*Samuel C. Benedict*  
MIAMI MEDICAL COLLEGE, CINCINNATI, OHIO.

BESIDES "ANTI-KAMNIA" IN ORIGINAL POWDERED FORM, OUR LIST NOW INCLUDES:

ONE GRAIN TABLETS  
TWO GRAIN TABLETS  
THREE GRAIN TABLETS  
FIVE GRAIN TABLETS  
TEN GRAIN TABLETS  
• • ALSO • •  
FIVE GRAIN  
ANTI-KAMNIA AND QUININE TABLETS  
(2½ GRS. EACH ANTI-KAMNIA AND QUININE)  
AND FIVE GRAIN  
ANTI-KAMNIA AND SALOL TABLETS  
(2½ GRS. EACH ANTI-KAMNIA AND SALOL)

GENTLEMEN:

WASHINGTON, D. C., JAN. 10, 1894.  
SINCE MY FIRST EXPERIENCE WITH ANTI-KAMNIA, NOW NEARLY FIVE YEARS AGO, WHEN I GAVE A DOSE OF ABOUT TEN GRAINS FOR THE RELIEF OF PAIN, I HAVE NEVER HAD CAUSE TO FEEL DOUBTFUL OF ITS ACTION OR BEEN DISAPPOINTED WHERE INDICATED, WHEN THE "GENUINE" DRUG WAS USED.

YOURS RESPECTFULLY, G. E. POSTLEY, M. D.

N. B.—PHYSICIANS PRESCRIBING, SHOULD SPECIFY "ANTI-KAMNIA" (GENUINE), THUS ASSURING DESIRED AND EXPECTED RESULTS.

SINCERELY YOURS,  
THE ANTI-KAMNIA CHEMICAL CO.,  
ST. LOUIS, MO.

SAMPLES ON APPLICATION.

Shuttleworth's

FLUID EXTRACTS  
ELIXIRS  
MEDICINAL SYRUP  
LIQUORS  
TINCTURES  
GREEN SOAP  
CHLORODYNE

Standard in Strength and Quality  
Reasonable in Price

Satisfactory in Use

Apply for Price List to

T. MILBURN & CO.,  
TORONTO, ONT.

THIS DRIVING LAMP WILL  
BORE A HOLE  
  
50 F. 100 F. 150 F. 200 F.  
TWO HUNDRED  
FEET DEEP INTO THE  
DARKEST NIGHT YOU  
EVER SAW SEND FOR BOOKLET  
R.E. DIETZ CO 60 LAIGHT ST. N.Y.

Women's Medical College of Baltimore

1100 McCULLOH ST., BALTIMORE, Md.

ANNUAL SESSION BEGINS OCTOBER 1, 1894.  
Three Years' Graded Course. In addition to the usual lectures, quizzes and clinics, personal instruction is given in Obstetrics, Gynecology, Physical Diagnosis, Laryngology, Ophthalmology, Minor Surgery and Bandaging. Laboratory Instruction in Chemistry, Histology, Pathology and Physiology offers superior advantages to students. For Catalogue, etc., address

I. R. TRIMBLE, M.D., DEAN.



**THE  
DOCTORS'  
AUTOMATIC  
DRIVING  
LAMP**

MANUFACTURED BY **S. L. REEFY,**  
**EDINBURG, ILL. U.S.A.**

A dark-night trip made as safe and pleasant as a daylight voyage. Illustrated Circular on application.

**R. M. MELVILLE**

**General Steamship and Railway Agent,**

**NEXT GENERAL POST OFFICE, TORONTO.**

*TICKETS ISSUED TO ALL PARTS OF THE  
WORLD.*

**TELEPHONE 2010.**

**HOW TO READ** With Comfort and Profit  
**HOLLOWAY'S**

READING STAND and  
DICTIONARY HOLDER

Combines a Dictionary Holder, Book Rest, Writing Table and Lamp Holder. Holds books in any position for sitting or lying-down reading. A grand educator, makes reading a delight, and the use of the Dictionary a pleasure. For the home or office. Thousands in use. We also make a special Holder for the Century Dictionary. \$2.00 discount allowed to Canadian buyers, from our regular prices, to offset custom house duties.



*ILLUSTRATED CATALOGUE FREE.*

**THE HOLLOWAY CO., CUYAHOGA FALLS, OHIO.**

**BATES & DODDS,**  
**= Embalmers =**

**931 QUEEN STREET WEST,**  
CORNER STRACHAN AVENUE,  
**TORONTO.**

**TELEPHONE No. 513.**

**Kenny's Celebrated Hair Restorer.**

A VALUABLE East Indian remedy. Restores the hair on bald heads; stimulates the scalp to a healthy action; keeps the head cool; removes dandruff; strengthens and prevents the hair falling out; preserves and makes it pliable, soft and silky. It has no equal for the prevention and cure of baldness. Hundreds testify to its efficacy. **50c. and \$1 a bottle.** Manufactured only by

**SERGT.-MAJOR JAMES KENNY.**

**BRUNSWICK BLOCK**

**370½ College Street, TORONTO.**

For Sale by Druggists and Manufacturer.

Orders by Mail promptly attended to.

**Meetings, Etc., Reported . . . . .**

**. . . . . Examinations taken outside of Toronto**

**ALEX. DOWNEY**  
**CHARTERED STENOGRAPHIC REPORTER**

*Official Reporter Admiralty Court  
Official Reporter Col. Ph. and Sur., Ont.  
Commissioner for Quebec  
Commissioner for New York*

**TELEPHONE 421**

**79 Adelaide St. E., Cor. Church St.,**  
(FIRST FLOOR)

**= Toronto**

**TO RENT**

FOR A TERM OF YEARS, A

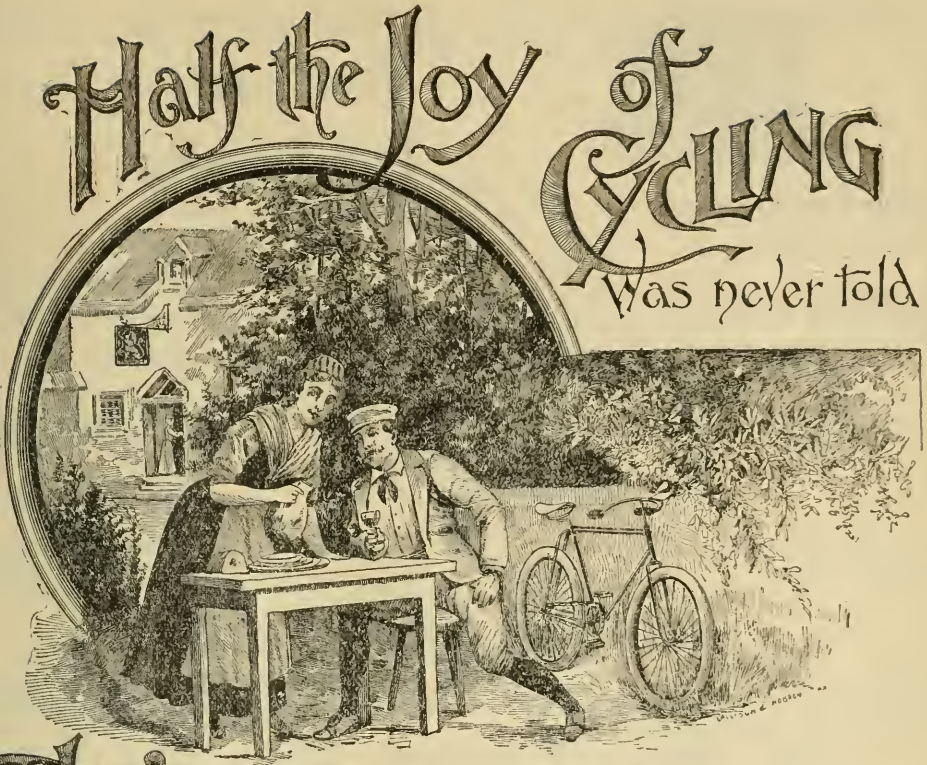
**First-Class Residence**

Specially adapted for a Physician; in one of the best localities of the City.

For Terms apply at . . .

**496 QUEEN STREET E. - TORONTO.**





The mental rest and exhilaration that comes through the gentle exercise of riding a wheel—the sense of life and freedom that only a wheelman knows—can be yours if you will. Go thou and buy a bicycle; to learn is easy. **Get a Columbia**—of course you want the best—and in excellence of construction and finish, as well as in beauty of design these famous wheels are vastly superior to those of any other make in the world, while the great variety of models offered for 1894 makes it always possible for us to meet the requirements of each individual case. Our beautiful catalogue should be in the hands of every intending purchaser. Our agents will furnish it free, or we will mail it for two 2-cent stamps.

---

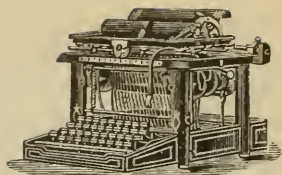
**POPE MFG. CO.**

BOSTON

NEW YORK

CHICAGO

HARTFORD



# Remington Typewriter



SIMPLE  
RAPID  
DURABLE

## The Medical Profession

Will find no other invention of modern times that has done so much to economize time and to lighten the labours of overworked professional men as the

**Remington  
Typewriter**

☞ MACHINES RENTED. - OPERATORS SUPPLIED. ☞

**GEORGE BENGOUGH,**

Telephone 1207.

45 Adelaide Street East, **TORONTO.**

# A Modern Store!

We live in an age that's distinctively progressive. No business can hope to succeed along the old lines any more than last season's styles would be tolerated now. Where stores used to delight in showing their independence, merchants now strive to be courteous and obliging—considerate alike of shoppers and sales-people. Nothing is as it was. Conditions have changed entirely, and we're careful to keep well abreast of the times.

For instance, this store is cool and comfortable on the hottest days, just as we keep it warm and comfortable in winter. Special facilities have been provided for forcing plenty of fresh air into all parts of the building, the ventilation being as nearly perfect as modern ingenuity can make it. In many classes of ways we anticipate the comfort and convenience of the crowds that shop here.

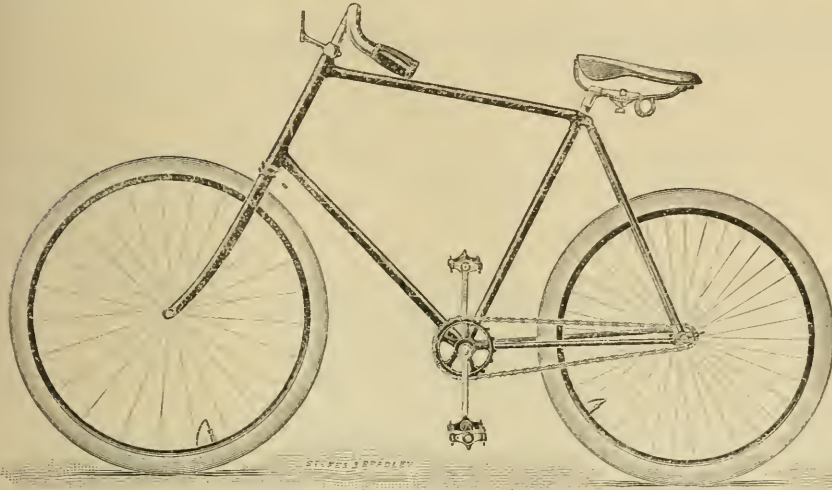
Physicians will please make a note of this—plenty of fresh air, plenty of room, and light enough to see things as they should be seen. Every facility as well for quick service, without trying one's nerves and patience waiting to be served. Shopping here is as healthy as it can be anywhere.

**THE T. EATON CO. LIMITED**

**190 YONGE ST., TORONTO.**



# THE KING OF SCORCHERS, HELICAL PREMIER AND RAGLAN CYCLES



are  
UNEXCELLED  
for  
SPEED,  
DESIGN,  
DURABILITY,  
and  
LIGHTNESS.

We have a Cycle at \$75.00, which can be recommended for every purpose, both in  
Ladies' and Gents' Wheels.

E. C. HILL,  
Manager Cycle Department.

GEO. F. BOSTWICK,  
24 Front Street West, TORONTO.

## CHEMICAL LABORATORY.

**Dr. A. R. Pyne,**

261 Gerrard St. East, Toronto, Ont., is prepared  
to analyze all specimens of Water, Milk and Urine  
for the profession and public.

Water, Milk, and Urine qualitatively, each,	\$2.00.
Milk, quantitatively - - - -	2.00.
Water and Urine, quantitatively, each -	5.00.

*SPECIAL ATTENTION GIVEN TO THE EXAMINATION OF  
URINE FOR INSURANCE COMPANIES.*

Circulars of instruction, with respect to how  
samples should be procured, will be  
furnished on application.

**A. R. PYNE, M.B.**

*University of Toronto. Member of the College of Physicians  
and Surgeons of Ontario; Member of the Faculty of the  
Woman's Medical College, Toronto, and Lecturer  
on Practical Chemistry; Licentiate of the Uni-  
versity of the State of New York and Albany;  
Dominion Analyst (by examination).*

## NOTICE TO THE MEDICAL PROFESSION

OF MANITOBA AND BRITISH COLUMBIA.



Our MR. AUTHORS will make his Annual  
Visit to Manitoba and British Columbia  
in May.

We would be pleased to receive com-  
munications from any Doctors requiring  
**Trusses or Surgical Appliances** for  
diseases of the **Spine, Hip Joint, Knee**  
and **Ankle Joints, Club Feet, etc.,**  
or an **Artificial Limb** for any of their  
patients.

MR. AUTHORS is thoroughly versed in all the requirements  
of the business, and will have with him a large variety of our  
appliances, and will be pleased to have doctors call and  
examine the goods. Patients who may be referred to him  
will receive the benefit of 32 years' experience and skill.

**AUTHORS & COX,**

121 Church Street, - - TORONTO,

Manufacturers of Artificial Limbs, Trusses  
and Surgical Appliances.



# VERNOY ELECTRO-MEDICAL SANATORIUM

**231 AND 192 JARVIS ST., TORONTO.**

---

THE Sanatorium buildings are cheerful, roomy and homelike. Large lawn in front and behind the west house. It is situated on the prettiest and pleasantest street in Toronto, and combines quietness with convenience to the business part of the city. No noise of street cars to disturb.



Physicians who have patients in need of the benefits of Sanatorium life, rest, change, systematic regimen and oversight, are requested to send them to us, and retain them under their own care, or to place them under that of the Medical Superintendent.

**BATHS** of various kinds, **MASSAGE, ELECTRICITY, Etc.**

**The Electrical Department** is fully equipped for the latest and best forms of treatment, and is under the care of Prof. S. Verney, who has had more than twenty-five years' experience in its application and uses.

Members of the staff are available for the giving of treatments in Electricity and Massage under the direction of the attending physician.

---

For circular, terms and other information, address—

**JENNIE GRAY, M.D.,** *Medical Superintendent,*

**231 JARVIS STREET, TORONTO.**

# CANADIAN Medical Practice and Partnership Office.

ALL TRANSACTIONS STRICTLY CONFIDENTIAL AND PROMPTLY COMPLETED.

JULY 27th.

I am constantly receiving inquiries for *good openings at fair terms*, and would request those having practices of real value, who desire to dispose of them, or to sell a share, or get assistants, to register them without delay. Those desiring to purchase may be assured that *only those practices will be registered* which are of the very best and the details of which are *strictly accurate*.

All communications are strictly confidential.

The following is only a partial list of those registered for sale:

## ONTARIO.

**PARTNERSHIP** IN \$5,000 a year, with experienced surgeon. One-half interest open to active experienced man, for immediate negotiation.

The best unopposed Practice now open in this Province. Over \$4,000 a year. No opposition, splendid country. Successor would be taken into partnership for one year. Terms very easy. Immediate action necessary to secure this.

For Lease—residence of deceased physician, in thriving town, where \$2,000 can easily be made a year.

- 1—\$5,000 Finest practice west of Toronto, large thriving manufacturing centre, property on best corner in town, practice \$5,000 a year, hospital and other appointments to purchaser of property. for smart active man of a few years' experience having a little money; \$2,000 first payment.
- 2—\$5,500 good practice in live western town, fine opening for active, ambitious man; \$2,000 first payment.
- 3—\$3,500 in live town—with large country field—splendid pay, good introduction. For cost of property \$3,000—\$1,000 cash, balance on easy terms. Methodist or Presbyterian.
- 4—\$3,000 practice in manufacturing town, special appointments netting over \$500 a year, small opposition, splendid connections, less than cost of property—\$4,000. Cash required, \$1,000. An excellent opening for Methodist or Catholic. Easy terms.
- 5—\$3,500 practice, all cash, country town, for cost of property. Railroad Surgeon and 14 best Insurance Companies and Societies.
- 6—\$2,500 practice, established seven years—village in Central Ontario—near 1,000 population, with introduction for three months—for cost of property and drug store, \$3,500—\$1,000 cash, good appointments, good pay, large field. Reason for transfer, ill health—only one confrere.
- 7—\$2,250 in good northern town, excellent chance for young Presbyterian, only the cost of house required.
- 8—\$2,500 rich country village, \$1,000 cash on property, balance to suit.
- 9—\$2,500 a year in town of 1,000 population, for cost of residence and drug store, \$3,500—only \$1,000 cash.
- 10—\$2,000 unopposed practice, centre of Ontario, rich farming country, \$500.
- 11—A nice practice in a good, large field, opposition slight, for cost of property—can make \$2,000 a year.
- 12—For \$500 cash, residence of retired physician may be leased and good introduction given, where \$2,500 to \$3,000 could easily be made by competent man; in good village and rich farming country.
- 13—\$1,800 good village and country practice, house on lease \$100 a year, bonus \$250. Good chance for active Presbyterian.
- 14—\$1,500 village, best country, rich farmers, good roads, for value of property.
- 15—Locum tenens for practice for one year, will guarantee \$1,800 income; will accept \$400 payable on easy terms.
- 16—Good openings for Junior Graduates of limited means, neither property equipment nor bonus required; all these openings from \$1,000 to \$1,500 are sure, \$100 for choice.
- 17—\$1,500 village and country, unopposed, with drugs and office equipment, \$350.—L-4.
- 18—For \$800 the office equipment and five good official appointments, and an excellent introduction to a \$2,500 practice in a border town, New York State, suitable for active Canadian graduate having New York license.

**WANTED** BY graduate of European experience, position as *locum tenens* or Assistant to gentleman in busy country practice.

**NORTH-WEST TERRITORIES.**—One excellent practice, unopposed, where \$1,500 to \$1,800 can be made, good introduction and office equipment, \$500.

**BRITISH COLUMBIA.**—Good opening in thriving town, mainland, for transfer on very reasonable terms.

Good opening in railroad town on C. P. R. with exceptional advantages for an Englishman. Introduction and equipment very cheap.

Good opening for young man on Vancouver Island, in thriving locality, \$450; unopposed; can make \$1,500 easily.

**NEW BRUNSWICK.**—Fine practice, village 500, lumbering centre, no opposition, excellent chance to make \$1,500 to \$2,000.

**Locum tenens.** I have always at the service of the profession three gentlemen, with foreign qualifications, to act as *locum tenens*.

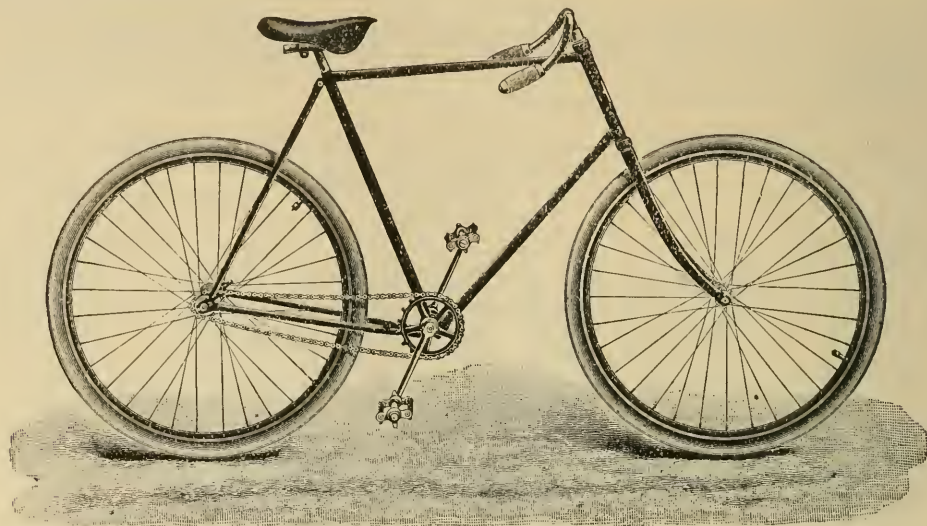
Letters must be direct from medical practitioners interested, and must enclose stamp for reply; otherwise they will remain unnoticed.

Address—

DR. J. E. WHITE, 185 CARLTON STREET, TORONTO.

WE would call the attention of  
**Physicians** who are about  
 to purchase **Bicycles** to the . . .  
 the leading Bicycle of the United States. A strictly high-grade wheel. Every one guaranteed. The lightest running  
 and most reliable wheel in use.

“ **CLEVELAND** ”



... SEND FOR CATALOGUE TO ...

WESTMAN & BAKER, Agents, 78 Wellington St. West, TORONTO

## SAUNDERS' MEDICAL EXCHANGE

INCORPORATED

(Late New York Medical Exchange)

CHAUNCEY BUILDING - - - MADISON AVENUE AND 43rd STREET, NEW YORK CITY

UNDER THE DIRECTION OF MEMBERS OF THE MEDICAL PROFESSION

In addition to the Board of Directors there is an Advisory Board, composed of gentlemen of high standing in the profession, to whom all matters of dispute and complaint will be referred, and whose decision will be binding on the Exchange.

**MEDICAL PRACTICES** transferred. Locations obtained for physicians. Valuations and investigations undertaken. Trustworthy and efficient assistants and substitutes supplied at short notice.

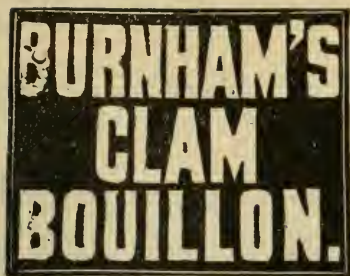
**GENERAL COMMISSION AGENCY** for the sale and purchase of everything that pertains to the medical profession. All purchases of instruments and medical appliances will be made through *specialists*.

**REAL ESTATE** bought and sold. Care of estates undertaken. Lists of apartments and houses for physicians always on view.

**GENERAL INSURANCE** brokerage.

*All business transactions conducted in strict confidence.*





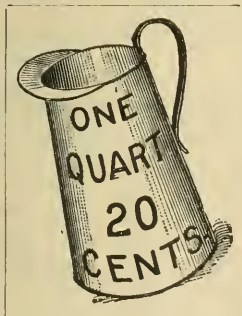
## A Food That Takes One Back To First Principles.

### WHAT IS IT?

Containing phosphorus, lime and sodium, which are essential to the animal organization and vitalization, and furnishes, in its relation to its weight and volume, the greatest possible quantity of nutritive principles. Nutritive principles, as is well known, are thermogenic elements. It satisfies the taste without producing too quickly the sensations of satiety, and contains that valuable property of ease of digestion in the stomach and readiness of absorption in the intestines.

### A PLAIN STATEMENT.

Burnham's Clam Bouillon is **guaranteed** to be strictly pure and free from any antiseptics or preservative whatsoever, and the



manufacturers will pay **\$100.00** to any chemist who, upon analyzing, finds in it any substance not naturally present in the clam. It is more strengthening than milk or extract of beef, is easily prepared by adding hot water, and is much cheaper. You will find it a very acceptable change from the long list of beef and other food

products now offered. **Specify Burnham's Clam Bouillon, which is put up only in glass bottles.** A sample bottle will be sent free to any physician upon application to the

**E. S. BURNHAM COMPANY,**

**120 Gansevoort St.,**

**NEW YORK.**

# FERROL

**A RELIABLE AND FIRST-CLASS PREPARATION  
OF IRON AND NORWEGIAN COD LIVER OIL . . .**

WE have placed on the market for general sale and Physicians' prescriptions, this Emulsion which we claim rightly supersedes any on the market. There is no other preparation anywhere like it. The peculiar and powerful mixture made of

## COD LIVER OIL AND IRON

well emulsified, makes an article of much use in many diseases so prevalent in the country. Consumption, Scrofula, Anæmia, Chronic Rheumatism are all very much benefited thereby—in fact all diseases indicating the use of either or both ingredients can well be treated with

**. . . . FERROL**

We append the  
Opinion of

**DR. A. R. PYNE,**  
Dominion Analyst.

\*

Put up and sold only by

Toronto, Nov. 15th, 1893.

After carefully analyzing "FERROL," I am satisfied that it must prove a valuable acquisition to the list of medicinal preparations now before the public. Its administration in tubercular troubles accompanied by anæmia must, in most instances, be efficacious.

Furthermore, I am of the opinion that it will prove a valuable remedy in children's diseases, in which the administration of Cod Liver Oil, Iron, and Phosphates is desirable. I am not surprised to find the list of Physicians endorsing on the daily increase.

A. R. PYNE, M.B.,  
Dominion Analyst.

# Ferrol Manufacturing Co.,

Retail by all Druggists . . .

HEAD OFFICE:  
**205 SPADINA AVE., TORONTO.**

ASSESSMENT SYSTEM.

MUTUAL PRINCIPLE.

If You Knew Everything

There is to Know About the

# Mutual Reserve Fund

## . . . Life Association

Its Low Rate, Absolute Security and Plan of Life Insurance, you would conclude you could do no better than give your family the benefit of its GENUINE PROTECTION.

Life Insurance at about Half the Usual Cost.

Policies issued to Men and Women at the Same Cost.

Business for May, 1894,

**\$6,131,455.**

An Increase of

**\$1,617,270**

over May, 1893.

Total Business to Date for 1894, - - - - **\$31,888,265.**

An Increase of **\$7,697,070** over same months of 1893.

Death Claims Paid for First Four  
Months of 1894,

**\$1,252,300.**

Total Death Claims Paid since  
Organization,

**OVER \$19,000,000.**

E. B. HARPER,

President.

W. J. McMURTRY,

Manager for Ontario.

Freehold Loan Building, **TORONTO.**



## THE NEW METHOD

FOR THE

## ADMINISTRATION

OF

## TOXIC MEDICAMENTS

Diurnules ANDDiurnal  
Tablet  
Triturates.

The principle of this new method of Diurnal Medication consists in dividing the **FULL DAILY DOSE** into 12 small equal doses, one of which is to be administered every two hours.

It is almost impossible for the practitioner to have at finger's end the ordinary minimum and maximum dose of each alkaloid, glucoside and similar active principles.

**"AS AN ILLUSTRATION,"** SAYS DR. E. TROUETTE,

**"TAKE THE EXAMPLE OF DIGITALIN:**

"At the moment of prescribing this substance, one cannot recall exactly the maximum dose in milligrammes which may be given to an adult in 24 hours; one's memory must be very trustworthy to justify the prescription of a dose of  $1\frac{1}{2}$  milligrammes; and it is, besides, necessary that chloroformic amorphous digitalin of the Codex be specified, for there are other digitalins—the crystallized digitalin of the Codex, for example, which may not be prescribed without danger in a dose beyond one milligramme. Adding to this the fact that, if the physician specifies nothing, the pharmacist must supply the chloroformic amorphous digitalin of the Codex, what, then, will be the result? Fearing to prescribe a toxic dose, we risk the giving of a quantity inadequate to the purpose in view.

"All physicians are aware that, in order to obtain a rapid and energetic action, it is often necessary to skirt the boundaries of toxicity. A physician cannot possibly, however, have access to his formulary every time he is called upon to prescribe a dangerous medicament; the same hesitation arises at each prescription of a very active substance, unless he confines himself to the use of several drugs comprising his daily routine.

"With this Diurnule method all dangerous medicaments are so divided that, *however toxic*, the maximum dose to be given to an adult in 24 hours shall

be exactly divided into 12 doses.

For example, the maximum dose of chloroformic amorphous digitalin of the Codex being  $1\frac{1}{2}$  milligrammes, the 12 Diurnules together will contain  $1\frac{1}{2}$  milligrammes. For crystallized digitalin of the Codex, of which the maximum dose in 24 hours is one milligramme, each Diurnule should contain one-twelfth of one milligramme, in such manner that, if the physician wishes to prescribe the maximum dose to be divided amongst the 24 hours, he will prescribe one Diurnule every 2 hours, or two Diurnules every 4 hours, or three Diurnules every 6 hours, etc. If it be desired at the outset to give the maximum dose, in certain urgent cases which the physician will alone be able to judge, according to the nature of the patient or of the malady, the 12 Diurnules may be prescribed in a single dose.

"There will thus be no inconvenience arising from the voluntary or involuntary substitution of one digitalin for another; the dosage of each being in proportion to its activity, and consisting of one-twelfth the maximum dose, which will always represent the same action.

"The physician will no longer have to exert his memory to recall the maximum dose of such and such a medicament; he will have to remember only the figure 12—the duodecimal."

We should be pleased to receive your request for our literature upon this subject, and for samples of both DIURNULES and DIURNAL TABLET TRITURATES.

**PARKE, DAVIS & CO.,**

WALKERVILLE, ONT.,

DETROIT, NEW YORK, and KANSAS CITY, U.S.A.

# Ontario Medical Journal.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO, BRITISH COLUMBIA,  
AND NORTH-WEST TERRITORY.

J. A. CREASOR, ASSOCIATE EDITOR. - R. B. ORR, EDITOR.

All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, JULY, 1894.

[No. 12.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

*Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.*

## Editorials.

### AN EXPLANATION.

Through the columns of the daily press for some few weeks there could have been noticed a number of letters from two or three medical men, ostensibly dealing with doings of the Medical Council, but in reality simply walking round any subject and handing out personal abuse to the Queen's taste, if such an expression would be forgiven.

A letter in our own columns seems to have been a regular firebrand to this very inflammable material. Truly, men must be thin-skinned when they cannot stand a few sentences in plain English about another who has been abusing others individually and collectively for some time back. "Elector's" ideas were absolutely correct and voiced the feelings of many voters in the Medical world. A territorial representative certainly should be a practicing physician, one who has and will always have the interests of the profession his sole object during his term as a Medical Councillor. Dr. Day's case quoted is not a parallel to Dr. McLaughlin's—if these writers would only note the fact that the former was not a Registrar when elected to the Council, and now retires voluntarily, they would easily see the distinction.

We personally are blamed for allowing a letter of that kind to be published, as it was partially personal. There is no defence necessary, but, as an explanation, let us say this: The principal part of that letter was answering certain false statements made by Dr. McLaughlin, that fact being the main reason for publication. Our stand has always been, as far as it could be possibly carried out, to keep out personal matters, that is, matters of only individual interest, where one member of the profession attacks another for some personal reason.

Abuse of another man cannot be entirely eliminated in the heat of an election campaign, except by saints too good for this world, and in such cases, where the matter in correspondence is of general interest and deals with the Medical Council, we have always tried to publish.

It was only in a letter of the 26th inst. that Dr. Sangster, in again apologizing for using the public press for his communications—by the way, he takes every available chance to try and get a rap at us in his apologies—names this Journal specially as refusing publication to members of the Medical Defence Association. Surely Dr. Sangster should have no hard feelings for us on that score. Month after month our columns—I should say pages—were open to and used by him, and it was only after both a public and private appeal for something shorter

that we had to decline to give him any more space. He knows this perfectly well, and we are satisfied that his method was simply to get back to the press, as his letters were rather tiring to the medical profession. If there had been new matter, or new argument each time, some interest would have been attached to them, and we would have felt justified in going on publishing them, but it was the same old story each time with the same old arguments, occasionally with a new suit of clothes on, and oftener with only the coat turned. Our aim is to give items of interest, not to give a rehash monthly of the used-up stuff.

As for Dr. McLaughlin, some mistake occurred which seemed to rouse his ire. He knew, and he knows now, that he can have letters of reasonable length in the Journal, but it pleased him to get huffy because a proof posted here in Toronto appeared to have gone astray. Perhaps it did, but it certainly left here all right; and mistakes in post offices are fewer than in Registry Offices. Dr. McLaughlin can vouch for the fact that we wrote him privately, telling him that the proof of his letter had been sent to him quite ten days before he wrote asking for them.

In this letter spoken of we wish only to point out a couple of mistakes made by Dr. Sangster. The pamphlet, as he calls it, containing Dr. Campbell's speech was not paid for by their money, but the original printing by the doctor himself. The ones used by the different members were paid by them individually at the rate of so much a hundred. Surely no objection can be made to campaign literature being used by one side when the other uses so much. The references to the speech itself Dr. Campbell, we know, can answer ably if he thinks it worth while, perhaps too ably for our old friend in Port Perry.

We are afraid the trouble was the shoe pinched too hard when he got his foot into it.

#### EDITORIAL NOTES.

Surely if the man who goes round saying, "No, sir, the Council does not do right; they gave a contract to a company when another company offered to do it, for not six times less, but for 600 times less," knew the nature and cause of the offer they would hardly be so loud in their denunciations. This company, which

now runs an advertising sheet containing a few items of medicine, is composed of two men who were formerly connected with this Journal, and were asked to step down and out, because articles and letters were put in without the knowledge of the managing editor, which were used for personal purposes and were doing the Journal a great amount of harm. The Council had too much knowledge of the why and wherefore, and unanimously considered the offer an insult and not *bonâ fide*. As to the offer from the Bryant Publishing Co., it was not the same kind as the one entered into at all. The printing of the Council without the proceedings of the meeting were to be printed for \$250.00. No mention was made of sending a Journal to the profession. Our contract is quite on different lines.

Dr. J. H. Burns, of Toronto, an old member of the Medical Council and an ex-President of the same, has the sympathy of the entire profession in the heavy affliction that has fallen upon his home in the loss of his son. He was a young man of great promise, having taken his degree at Toronto University at an early age, and was, at time of his death, engaged in teaching at the Bishop Ridley College, St. Catherines.

---

## British Columbia.

*Under control of the Medical Council of the Province of British Columbia.*

DR. MCGUIGAN, Associate Editor for British Columbia.

---

## Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

We trust that the meeting of the Dominion Medical Association, to be held at St. John, on August 22 and 23 next, will be attended by a good representation from this Province. The men who are afraid to leave home for fear of losing a few patients during their absence, are a class of men who will never rise any higher. The best men are anxious always to attend the various societies' meetings and receive much benefit from associating and mixing up with their fellows. Let all who can, leave, and make the coming meeting



at St. John one to be long remembered by the profession in the Dominion. There are many questions to be discussed, and none more interesting than that of bringing the profession into harmony and unity in legislation, higher medical education, and one door as the legal road to medical practice. With that accomplished, order would be brought out of the chaos, and the profession in Canada would stand on a higher plane, making a practitioner in one part legalized from the Atlantic to the Pacific; nay, more—would lead to the extension of our privileges to the whole Empire. Why not? With a high standard of education, a regular curriculum of studies and honorable conduct in the practice of the profession, proofs of the same should always admit our men to every section of the great Dominion and the greater Empire.

The Medical Council met, organized and elected the following officers for the ensuing year:—*President*, Dr. James Macleod; *Vice-President*, Dr. F. P. Taylor; *Registrar*, Dr. Richard Johnson; *Secretary-Treasurer*, Dr. R. MacNeill; Dr. P. McLaren, Dr. P. Conroy, Dr. Alex MacNeill.

#### PRINCE EDWARD ISLAND MEDICAL SOCIETY.

This society held its annual meeting in the old Legislative Council Chamber at Charlottetown, on the 19th July. The President, Dr. Beer, of Charlottetown, gave a very able and exhaustive address, dealing with the improvements in Therapeutics, etc., myxedema and other diseases being described in a clear and lucid manner.

After the routine business of the Society was over, Dr. Conroy read an excellent paper on "Appendicitis."

The following gentlemen were elected by the Society as members of the Council for the ensuing year, viz.: Drs. Jas. McLeod, Richard Johnson, F. P. Taylor, R. MacNeill, P. McLaren, P. Conroy, Alex MacNeill.

The officers of the Society for the ensuing year were elected as follows:—*President*, Dr. McLaren, Brudenell, P.E.I.; *1st. Vice-President*, Dr. H. D. Johnson, Charlottetown; *2nd. Vice-President*, Dr. G. A. C. McIntosh, Murray River, P.E.I.; *3rd. Vice-President*, Dr. Alex MacNeill, Kensington;

*Secretary*, Dr. S. R. Jenkins, Charlottetown; *Treasurer*, Dr. Dorsey, Charlottetown; *Executive Committee*, Dr. S. R. Jenkins, Dr. Johnson, Dr. Warburton.

---

### Original Communications.

---

#### HIP-JOINT DISEASE—ITS PATHOLOGY, ETIOLOGY, DIAGNOSIS AND TREATMENT.

BY W. W. BREMNER, M.D.,

Late Assistant-Surgeon New York Hospital for Ruptured and Crippled; Orthopedic Surgeon Infant's Home and Infirmary; Surgeon to Orthopedic Department of Nursing-at-Home Dispensary.

The name Hip-joint Disease, though it might include several diseases of the hip, is usually restricted to tubercular disease of that joint.

Tubercular hip-joint disease, according to the weight of authority, usually begins as an osteitis. Out of sixteen leading authorities ten believe in an osseous origin as by far the most common, especially in children. It may also begin in either the synovial membrane or the cartilage, but in any case the ultimate result, if unchecked, is much the same, the destructive process gradually spreads, and the whole joint becomes affected.

The reasons which lead to the belief that the degenerative osteitis causing hip-joint disease is of a tubercular nature, are briefly as follows:

First—The frequency with which persons affected with joint disease contract general tuberculosis, phthisis or tubercular meningitis.

Second—The fact that pus or scrapings from a diseased joint when injected into animals will cause general tuberculosis in the same manner as sputum from a tubercular lung so injected. These experiments have been made so frequently and with such conclusive results, that there is practically no room for doubt.

Into the more minute details of the pathology there is not space to go; it is sufficient to state that in some way the bacilli of tuberculosis get into the bone, and under favoring circumstances commence to grow, forming a typical tubercle which spreads in all directions, most rapidly in those where it finds least resistance. In this way the joints become affected. At any stage in this process it is possible for the disease to become arrested, and absorption or encapsulment of the tubercle to take place.

This is no doubt very much more common in all tubercular disease than is supposed, as autopsies made on persons dying from violence and other causes go to prove.

In my own experience I have at different times seen cases where there was every symptom of tubercular disease of the hip-joint present, too, for a considerable time, entirely recover in the course of a few weeks or months of complete fixation or rest, leaving no loss of motion, stiffness or any other symptom.

Should such a favorable termination not take place, then the disease must find an outlet, and this it may do in any direction, the pus emptying itself in the groin or on the outer side of the thigh, and at times perforating the acetabulum, and filling the hollow on the inner side of the ileum.

At this stage, again recovery may occur, the pus carrying off any small sequestra, and the granulations becoming first fibrous and then bony. Or the disease may terminate in death, either by exhaustion from the pain or suppuration, or by the supervention of general tubercular infection. Any who are desirous of more fully studying these pathological processes can find them very clearly explained in Lewis' excellent book on "Diseases of the Joints," or in Bradford and Lovett's "Orthopedic Surgery."

*Etiology.*—There is no doubt that heredity is one of the most frequent predisposing causes. In an analysis by Gibney, of New York, of 596 cases of tubercular joint disease, he found one or both parents affected with tuberculosis in sixty-eight per cent., and most authorities agree in considering heredity as a powerful predisposing cause. Volkman says, "Individuals with fungous joint disease spring, practically without exception, from families in which scrofula and tubercle are hereditary."

Traumatism also plays a part in the production of this disease.

Averaging authorities, we find about fifty per cent. of all cases attributed to trauma.

General debility, however brought on, also predisposes to joint disease.

To sum up briefly, it would seem to be necessary, in order to produce chronic tubercular joint disease, that there should be the presence of the bacilli in the body, and some slight traumatism to locate it in a joint. It is only too easy to imagine

how the bacilli may find entrance into the system, when we consider the prevalence of tuberculosis in both man and beast. The sputum from every case of phthisis is a source of public danger, and the milk and butter from every tubercular cow is liable to propagate the disease. How common the tubercular cow must be, is well shown in Prof. Bryce's last government report on this subject.

The frequency of trauma, especially in children, is too well known to need emphasizing.

*Symptoms.*—It is often very difficult to trace the very early symptoms of hip-joint disease. A case which I recently saw will well illustrate this.

In inquiring of the mother the history of the case for the dispensary note-book, I asked her, among other questions, when she first noticed anything wrong with the leg, and she stated that great pain and lameness came on suddenly soon after some slight fall or other accident.

Knowing the frequency with which hip-joint disease comes on very slowly, I persisted at different times in inquiring whether she had never noticed anything suspicious before the acute symptoms, and at last succeeded in eliciting the fact that for months before this there had been at intervals complaints of pain in the foot and knee, lasting only for brief periods and then passing off, leaving the limb apparently quite well, thus exciting no suspicion that such a serious disease was present.

Bradford and Lovett say (p. 260, "Orthopedic Surgery"): "The beginning of the affection is most often gradual and insidious, but at times it begins so abruptly, according to the parent's account, as to suggest a traumatic origin."

The case I have just related, forms an interesting commentary on this statement.

As a rule the first symptom to attract attention is a slight limp which, in the commencement of the disease, passes off after the child begins to play or run about, but as time goes on, this limp becomes constant. During this early period there is often no pain, or so little pain as to cause no anxiety. When pain is present, it occurs most frequently at night, causing what are known as "night cries." These usually occur soon after the child falls asleep. It wakes suddenly with either a loud shriek or a moan, and after a few moments crying will fall asleep again. This may occur several times in a night. With good fixation of the

joint it is satisfactory to know that this symptom usually entirely ceases; in fact, all pain usually ceases.

In acute cases, or in the later stages of even mild cases which are unprotected from jar and motion, pain may become very intense.

The pain is usually referred to the inner side of the thigh or the knee, and the pain in the knee is sometimes connected with other symptoms of apparent disease of the knee in such a way as to make diagnosis difficult. In a case lately seen, in addition to pain, the knee became flexed to a right angle, and firmly held in this position by spasm of the muscles, thus diverting attention from the real seat of the disease.

Pain as a symptom is a very uncertain factor,\* and there is no consistent relation between the pain and the position and extent of the disease.

Increased heat, which is so important an aid in diagnosing tubercular disease of more superficial joints, such as the ankle and knee, cannot be easily detected in the hip.

Grating or crepitus, which used to be considered so important as a symptom, is never present in the earlier stages, as we have seen that the disease generally commences in the bony epiphysis of the head of the femur, and at a later stage it can only be appreciated when the patient is under the influence of an anæsthetic.

Swelling may or may not be present. When present, it occurs before and behind the joint, perhaps obliterating the gluteal fold, and in some bad cases the whole thigh may be swollen.

Atrophy is a very common symptom. It appears at an early date, and affects the whole limb. The affected thigh may measure from one-quarter to one inch less than the other, the calf also being smaller.

Fixation of the limb in a position of adduction, abduction, eversion or flexion is another symptom which commonly occurs. This is caused by spasm of the muscles controlling the joint, this spasm being the result of reflex irritation of the nerves supplying them. It is of great importance that these malpositions be recognized and overcome, as the ability of the patient to get around with ease in after-life depends so much on recovery with the limb in a correct position. It is necessary to exercise care in ascertaining this symptom.

Dr. August Schreiber says: "In examining for contracture of the hip, care must be taken that the pelvis is straight and that the lumbar spine rests on the couch."\*

Abscess occurs in a great proportion of cases, especially where no proper fixation is given to the joint. The pus may present itself in any position, even burrowing as far as the popliteal space, or above Poupert's ligament, but most commonly it comes to the surface in front of the tensor vaginal femoris. At present it is not possible to locate the site of the disease by the situation of the abscess.

Shortening is one of the symptoms of hip disease, but it does not occur in the very early stages, or, in fact, until other symptoms make the diagnosis clear.

*Muscular Spasm.*—This symptom has been left to the last because it is the earliest, most characteristic and important of them all.

Bradford and Lovett say: "The chief diagnostic sign in hip disease upon which the chief reliance must always be placed, is *the presence of stiffness of the joint or limitation of its proper arc of motion* when the limb is passively manipulated."†

It is of the greatest importance to be able to detect this muscular rigidity, as an early recognition of this symptom gives an opportunity to commence efficient treatment before any destruction of the joint has occurred, and in many cases\* recovery with almost perfect function of the limb may take place.

Considerable care is required in order to ascertain this symptom in an incipient case. The patient should be stripped and laid on the back of a hard couch or table. In the Hospital for the Ruptured and Crippled, New York, the routine examination of a patient suspected of hip-joint disease was made as follows: The patient being laid on the back as described, the sound leg was gently grasped and put through all the motions of which it was normally capable, flexion, extension, adduction, abduction and rotation. (It is especially important that great gentleness be used in children.)

Next, the diseased limb was put carefully through

\* "General Orthopedics, including Surgical Operations," page 750.

† "Orthopedic Surgery," page 278.

\* "Diseases of Children." Ashby and Wright, page 538.



the same movements, abduction and rotation being done with the thigh flexed at a right angle to the body, and the leg at a right angle to the thigh. Any limitation to the normal range of motion was carefully noted and compared with the opposite side. One of the first motions to be restricted is abduction in this flexed position.

The sound limb was then flexed closely on the abdomen, to fix the pelvis and the suspected limb extended. Any limitation to extension was thus accurately determined, and if present its amount registered by the goniometer.

The circumferences of both limbs at the thigh, knee and calf were then noted, and the length from the anterior superior spine, and the umbilicus to the internal malleolus of each side taken. This was entered with a short history in a book as follows:

Left a u t k c age.

Right a u t k c agf.

"A" was the distance from the anterior superior spine to ankle.

"U" from umbilicus to ankle.

"T" circumference at thigh.

"K" circumference at knee.

"C" circumference at calf.

"Age," angle of greatest possible extension.

"Agf," angle of greatest possible flexion.

The form is filled in with the measurements in each case.

Only by some such methodical examination as this is it possible to detect hip-joint disease in its early stages.

It should be noted that the two symptoms on which so many rely in diagnosing hip disease are very untrustworthy, namely, crepitus and pain in striking the heel suddenly, as crepitus is absent in the early stages, and can at any stage only be got under anaesthesia, and pain in jarring the heel is by no means a constant symptom, even in severe cases.

*Differential Diagnosis.*—No attempt will be made to enter into the question of differential diagnosis, reference must be made to some formal work on the subject for that purpose. If it be found on examining a suspected hip that motion is limited, even ever so slightly, in every direction, it is pretty safe to conclude that hip-joint disease is present, and to give the proper treatment for that disease. If any mistake has been made, no

harm can be done by the rest, fixation or traction which has been given. The only exception to this rule is in hysterical disease of the hip. Here great care is required, but the subject is too large to speak of in this paper.

*Prognosis.*—The prognosis in hip-joint disease is fairly good, if treated early and in a rational manner. C. F. Taylor, of New York, reports ninety-four cases with only three deaths. Gibney, of New York, 288 cases, with a mortality of 12½ per cent. Since 1880, in the Alexandra Hospital, London, in 614 cases there have been thirty-five deaths, being 6 per cent. This is much better than the earlier records, owing no doubt, to improved methods of treatment. A certain amount of stiffness remains in most cured cases, varying from complete ankylosis to a few degrees of limitation, but with careful and long continued, skilful treatment, very good results as regards motion may be hoped for. Shortening results in most cases, the average amount being about two-thirds of an inch in cases treated by conservative methods, viz., by fixation and traction without operation.

*Treatment.*—Under this head no attempt will be made to describe all the different methods of treatment recommended, but just to give clearly and briefly one or two which are simple, practical and comparatively easy of application. In a case where a very early diagnosis has been made, nothing will be found more satisfactory than the application of a plaster of Paris spica, reaching from the axilla to the ankle of the affected leg. The method of applying this is described in a former paper on that subject. This case should be strengthened by two or three strips of soft steel at the flexure of the thigh to prevent its breaking. This is an excellent temporary measure, which, if well applied, will promptly relieve all pain and give time to prepare some appliance for more extended treatment if necessary. In a patient recently seen, kindly referred to me by Dr. Hall, three plaster cases were applied (no case should be left on more than one month) at intervals of a month. The child was eighteen months old, and had suffered acutely for several weeks, although extension by weight and pulley had been applied. In two hours after the plaster was put on the child lost all pain and commenced to play about (and it is perfectly surprising how freely children can get about in these cases), and never complained of any more

pain. At the end of three months there was no pain nor limitation of motion, but it was thought safe to use a Taylor brace for three months more. At the present time, three months after ceasing all treatment, the child runs about without pain or limp of any kind, apparently in perfect health. But such favorable results must not be looked for in the majority of cases. The plaster spica, while it gives very good fixation, does not provide for traction and in the majority of cases traction as well as fixation will be found necessary. Two methods of obtaining traction with fixation will be here described: first, by weight and pulley, with the patient recumbent; second, by means of a modified Taylor brace, with the patient walking about. To apply a weight and pulley in a satisfactory manner it is necessary to place the patient on a frame made of either iron or hardwood, covered with canvass, just wide enough to accommodate him and long enough to permit of the necessary straps, etc., being used; the bottom of the frame should have two uprights, through which a rod is introduced to carry the pulley over which the cord passes to carry the weight. A round hole is made in the canvass to permit the use of the bed-pan. A circular band of iron goes over the pelvis, to which are attached the padded straps which go between the legs for making counter-extension. The patient is placed on this frame and kept in position by an apron which buckles over the body; straps pass over each shoulder as well. Adhesive plaster straps, ending in buckles, are bandaged on to the affected leg, and five to twenty pounds of weight applied. It is very important to make the traction in the line of deformity, otherwise acute pain will certainly be caused. The limb can be gradually straightened as the traction overcomes the muscular spasm, which is the original cause of deformity. This method of treatment is necessary for a time when pain is acute or much deformity exists, and is very successful when properly applied, promptly relieving the pain and gradually correcting the deformity. I have had these frames mounted on light wheels, and at present have two patients being treated in this way, with very good results so far. If they prove quite satisfactory I will describe them fully in some future article and give a photograph. The wheels are of great advantage, as the patient is enabled to go out in the open air freely, a very

important factor in this disease, which is so much benefited by plenty of fresh air. At night the foot of the carriage is elevated to give counter-extension without pressure on the perineum. The other method of fixation and traction described will be that obtained by the long traction splint. This long traction splint is a modification of the original Davis splint, and is practically the same as the Taylor or Sayre long splints. It combines a considerable amount of fixation with as much traction as the patient can bear. It consists of a stiff stem capable of extension, with a pelvic band, from which the weight of the body is suspended by two padded straps, while traction is made by adhesive plasters from the foot-piece, which extends at right angles from the stem. In addition to these three methods of mechanical treatment which I have described, there are very many others, each with their advocates, and each, no doubt, more or less satisfactory in the hands of experts, but the three I have mentioned are comparatively simple, and some one of them is suited to the wants of any case or any stage of the disease. To recapitulate: In the very early stage try the plaster of Paris spica for a few months; if this removes all pain, then apply an extension Taylor brace, and wear it for several months after all symptoms have disappeared. At a later stage with acute pain, and perhaps suppuration, or if deformity exists, use a frame with fixation of the body, and weight and pulley traction to be followed as soon as the symptoms subside by the Taylor brace. The treatment of abscess must be on general surgical principles, remembering that these abscesses often disappear without incision; in some cases aspiration of the contents, followed by injection of an emulsion of iodoform in glycerine is followed by most satisfactory results. It is generally necessary to repeat the process several times. A 10 per cent. emulsion is used. Excision as a method of treatment is praised by many surgeons, but these are chiefly men who do general work, and have neither the time nor training necessary to carry out successful mechanical treatment. Nearly every surgeon who has devoted himself to orthopedic work is unavailing to excision, except as a last resort. It seems very unwise, when the results of the two methods are compared, to subject a patient to the risk of such a serious operation when mechanical treatment gives so much better results. (See Bradford



& Lovett's "Orthopedic Surgery on Hip Disease." Ignipuncture, by means of the actual cautery, has several advocates, who report very favorably on it. And it seems reasonable to expect good results in some cases. The great danger of excision is, perhaps, general tuberculosis by surgical infection. This is said to be avoided by using the cautery. Medicine of any kind is of very little use, although tonics are indicated at times. Cod liver oil, when it is assimilated, is of great benefit. The great thing is to give patients a simple, nourishing diet, and as much fresh air as possible. In the summer time they should live in the open air in the day time, and sleep in well-ventilated rooms at night.

### Medical Council Meeting.

#### PROCEEDINGS AT MEETING OF MEDICAL COUNCIL OF ONTARIO IN JUNE, 1894.

(Continued from June Number.)

Dr. FULTON—I want to state that Mr. Wasson has done a great amount of work. The Finance Committee does not suggest discontinuing his services at all because of any idea that he was doing his work inefficiently, but it is simply to keep down the expenses, in view of the fact that no annual dues are being collected. Mr. Wasson has done a great deal of work—nearly three times as much as was done in any year by any other detective. I believe he has prosecuted in thirty-five cases this year (hear, hear), which shows there is a great necessity for still having a detective in the field. And every person that is at all familiar with the facts of those cases is well aware that he has succeeded to a great extent—succeeded admirably. And when we come to learn there is only about \$500 of an expense higher than what we were paying Detective Webb for the small amount of work he was doing compared with what Mr. Wasson is doing, we cannot consider his expenses have been burdensome to the Council.

Dr. BRAY—I agree with what the previous speakers have said, but they have not enumerated it all, or half. You know, Mr. Chairman, that Mr. Wasson has been invaluable to the Discipline Committee; that he has done work that his predecessor was not capable of doing. And I rise now to move that Mr. Wasson be re-appointed public prosecutor of this Council at the same salary as he had before.

Dr. MOORE—I will second that.

Dr. DAY—I would like to say a word or two upon this point. Perhaps I have been as intimately connected with this prosecution business as any member of the Council, and in my mind there are one or two things to be considered. Are you going to do away with this illicit practicing and this quackery by registered men or are you going to try to suppress it? In my section of the country I find the great cry was, up to the last two years, what are you doing to get these quacks out? You are doing nothing; you are giving us no protection; we are not getting protection at

all. There is nobody looking after these people. And the cry was very strong. And now there is nobody complaining. They say now the Council has done a great work (it has expelled men whose names I won't mention), even the professional quacks have had to behave themselves; and it is very highly appreciated. You may suspend the operations, you may curtail them, and leave this work under the direction of Dr. Pyne, or of the President, or anybody you like, but if you let it go out to the world and to the quacks that we have curtailed Mr. Wasson and that he is not now doing as efficient duty as he has been doing, you are going to have all the old condition of things back again, redoubled, and have the complaints renewed, and have the profession simply howling about it. I believe, as a matter of policy, although that is too low a point to consider it from, that it would be the most unpopular thing, because it would be the most unwise thing, this Council could do to suspend the course that we have been pursuing in prosecuting these quacks, and prosecuting not only the illegal practitioners, but the legal practitioners who have gone wrong. It is a thing that has been well received in all sections of the country.

Dr. BRAY—Very well, all over.

Dr. DAY—While the expenses have been heavy, you must remember that you can't get an efficient service of that kind without you pay for it.

I quite agree that a Commissioner might take this evidence just as well as a Discipline Committee, but no provision for appointing a Commissioner exists now in the Medical Act.

And just for the present, to stop altogether these prosecutions, except one or two irritating cases, would be a mistake. Dr. Pyne might say, "I have the power to send Mr. Wasson, but they have stopped the thing on account of expense, and I feel very delicate about sending out there; the Council might come back next year and say, What did you send him there for; he didn't even convict the man after he went?" Nobody can tell what will take place.

I think Mr. Wasson has exercised the greatest amount of prudence and good judgment in the selection of the persons he prosecuted and the manner he took to prosecute them, far more than I thought he was capable of, and far more than I believe ninety-nine men out of every hundred are capable of. I think he is a most efficient officer; and I think to dispense with his services or curtail the work we are going on with would be to throw us back for ten years; and you would have the country flooded with all those obnoxious practitioners, professional as well as others, and I think it would be a most unwise thing, and more than that, it would be injuring the public to allow such persons loose on the country again. Now they are pretty well suppressed, and I think the tension simply being kept up will be a very great thing. For these reasons I think it would be a most foolish thing to stop now.

Dr. MOORE—I wish to call the attention of the committee to the fact that Mr. Webb was a free lance; he went where he had a mind to, and prosecuted whom he liked, and didn't consult anybody. He did just as he had a mind to; and he didn't please all the time. The facts are different with Mr. Wasson; he has only acted at the instance of the Council, the Registrar or the Discipline Committee; and he has acted only



when he was told to act, and has acted well and wisely. And as Dr. Day says, he did his duty a great deal better than we expected he could do his duty.

Dr. THORBURN—The committee does not in any way question the efficiency of Mr. Wasson; and I do not want the impression to go abroad that it was from any want of efficiency on his part or negligence that we made this suggestion. It was after a careful consideration and after we were urged upon for economy that it was suggested.

Dr. ROGERS—I wish to say—

Cries of Motion! Motion! Question! Question!

Dr. ROGERS withdraws his motion in favor of Dr. Bray's amendment.

Dr. WILLIAMS—The better way is to amend the report.

Dr. MILLER—In Committee of the Whole it is not necessary to put the resolution in writing; a verbal resolution which would amend that report of the committee by striking out these items would put Mr. Wasson precisely in the position which he occupied before.

Dr. LOGAN (Chairman of Committee of the Whole)—Striking this clause of the report out does not necessarily re-appoint him.

Dr. MILLER—I think we are a little out of order. We are dealing with the report; and I think the proper way to deal with it is to leave that paragraph in the report or direct that it be struck out; then when we are through with this report it will be quite competent for us to move a resolution such as Dr. Bray's, and re-appoint Mr. Wasson for another year.

On motion the clause of the report relating to the prosecutor was struck out, and the following inserted: "That Thomas Wasson be appointed prosecutor on the same conditions as heretofore."

Dr. DAY—Is the discussion that takes place in the Committee of the Whole printed in the announcement?

The PRESIDENT—The stenographer is instructed to take all discussion unless directed to the contrary.

Moved by Dr. Harris, seconded by Dr. Miller, that the committee rise, report progress, and ask leave to sit again. Carried.

The committee rose. The President in the chair.

Dr. Thorburn moved the Council into Committee of the Whole on Finance Committee, Dr. Logan in the chair.

TORONTO, June 14th, 1894.

*President and Members Ontario Medical Council:*

GENTLEMEN,—The Committee on Finance beg leave to submit the following report:

We have examined the Treasurer's books, and compared them with the vouchers, and found them to be correct.

The balance in the Imperial Bank at present in favor of the Council amounts to \$315.37.

The books of the Registrar have been examined, and compared with the Treasurer's, and found correct.

The application of Dr. J. N. E. Brown, asking to be appointed Stenographer, filed, as that position has already been filled.

Frank Evans' account for the prosecution of Dr. Anderson & Co. not entertained, as we consider the Council have no responsibility in the matter.

The petition of Dr. W. J. Arnott, of Berlin, asking

for refund of fine for practising when a medical student, not granted.

The petition of Hannah A. Benedict, requesting return of fine for practising illegally in cancer cases, not granted.

The Bryant Printing Company, asking to be allowed to tender for the printing required by Council, referred to Committee on Printing.

The account of our solicitors, B. B. Osler & Co., for services rendered to June 1st, 1894, ordered to be paid as to the amount \$45.92, was certified by the Registrar of the Council to be correct. Of this, above \$120 will probably be returned to Council, being costs in suits.

We recommend that the regular allowance to the Stenographer in Dr. Pyne's office be discontinued, only to be employed in press of business, as required by the Registrar.

In view of the heavy expense incurred by the Discipline Committee, we would recommend that when medical legislation is next sought, amendments be secured to the Act by which the Council may appoint a commissioner to take evidence.

We also advise that our Solicitor be instructed not to give advice or attention for which this Council shall be charged in any matter, unless by authority of the President or Registrar.

Owing to stay of proceedings in the collection of assessments, our Financial Statement is not quite as good as last year.

#### FINANCIAL STATEMENT.

Building and site .....	\$100,000 00	
Assessment dues unpaid .....	46 00	
Cash in bank .....	315 57	
		\$104,915 57

Mortgage on building .....	\$60,000 00	
Note in bank .....	3,000 00	
Estimated expenses of Council .....	2,200 00	
		65,200 00

Balance in favor of Council..... \$33,715 57

Adopted in Council.

D. L. PHILIP, President.

Moved by Dr. Campbell, That the sum of \$16.45, paid by Dr. Aikins to the Water Works account, be refunded to him. That Thomas Wasson be re-appointed prosecutor, on the same condition as heretofore.

Dr. Fowler's account, \$40, was ordered to be paid.

Miss Wasson was voted three months' salary, and that her services be discontinued after 1st July, three months to count from 1st June, 1894.

June 14th, 1894.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

—TREASURER'S REPORT FOR YEAR ENDING

JUNE 12TH, 1894.

#### Receipts.

Balance in hand .....	\$42 42
Registration fees .....	692 00
Assessment dues .....	90 00
Fines on persons practising illegally .....	465 00
Fees for professional examinations in fall .....	1,570 00
" " " in spring .....	9,290 00
" " " from last year .....	10 00
New building rents collected .....	3,216 58

Refund by caretaker for overpayment in 1892-93 .....	\$10 00
Refund by elevator man for overpayment in 1892-93 .....	5 00
Refunded by Treasurer, amount paid Water Works Department, being discount not allowed in consequence of delay in payment .....	16 45
Temporary loans from Imperial Bank .....	17,941 50
ONTARIO MEDICAL JOURNAL—Refunded on account of stenographer's account .....	50 00
Balance as per statement .....	\$285 37
“ “ bank book .....	539 57
Deduct outstanding cheque .....	224 20
	<hr/>
	\$1,049 14

Total Receipts ..... \$33,398 95

*Expenditure.*

Council meeting expenses .....	\$1,779 65
Treasurer's salary .....	399 96
Registrar's salary .....	1,800 00
Official Prosecutor's salary .....	399 96
Expense of holding professional examination in the fall .....	642 55
Expense of holding professional examination in spring .....	1,869 93
Committee, re Legislation .....	225 95
“ Discipline .....	593 05
Legal expense, re Discipline Committee .....	104 60
Fees returned to candidates .....	30 00
Registration office supplies and expenses .....	317 90
Treasurer's office supplies and expenses .....	22 40
Temporary loans repaid .....	15,289 60
Interest, Canada Life, on mortgage .....	3,000 00
Imperial Bank, on loans and overdrafts .....	284 73
Legal and other expenses in prosecuting illegal practitioners .....	1,178 72
Printing .....	358 10
Thomas Wasson, money advanced by order of the Council to be used in cases of emergency .....	200 00
ONTARIO MEDICAL JOURNAL grant .....	600 00
Paid stenographic reporter (part of, viz., \$74.50; this amount is to be refunded by the ONTARIO MEDICAL JOURNAL, \$50.00 has already been paid) .....	232 45
Division Court Costs .....	5 62
New Building Maintenance—	
Canada Life, in settlement of disputed insurance .....	\$250 00
Insurance, boiler and elevator .....	100 00
Caretaker .....	520 00
Elevator man .....	260 00
Commission, collecting rents .....	182 94
Fuel .....	546 71
Water .....	374 48
Gas .....	171 26
Taxes .....	692 50
Repairs and supplies .....	650 52
	<hr/>
	3,748 41
Balance in Imperial Bank .....	315 37
	<hr/>
	\$33,396 95

W. T. AIKINS, *Treasurer.*

ITEM No. 1.	
Site cost .....	\$13,000 00
New Building .....	75,046 54
	<hr/>
Total .....	\$88,046 54
Less material in old building .....	100 00
	<hr/>
	\$87,946 54

ITEM No. 2.	
Paid on building and site up to June 13th, 1894 .....	\$28,146 54

ITEM No. 3.	
Mortgage principal .....	\$60,000 00
Interest since 1st May, 1894, to 13th June, 1894 .....	375 00
	<hr/>

Amount of principal and interest due this 13th June, 1894. .... \$60,375 00

ITEM No. 4.	
Rent for 1888-89, from September to June .....	\$1,853 45
“ 1889-90, “ “ “ .....	3,888 91
“ 1890-91, “ “ “ .....	4,090 71
“ 1891-92, “ “ “ .....	4,097 34
“ 1892-93, “ “ “ .....	3,618 21
“ 1893-94, “ “ “ .....	3,216 58

On motion the report of the Committee of the Whole was adopted and leave granted to sit again.

Dr. Harris moved, seconded by Dr. Bray, that the Council do now adjourn to meet to-morrow morning at ten o'clock.

FOURTH DAY.

FRIDAY, June 15th, 1894.

The Council met at 10 a.m., according to motion for adjournment, the President, Dr. Philip, in the chair. The Registrar called the roll, and the following members were present: Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Sir James Grant, Harris, Henderson, Henry, Johnson, Logan, Luton, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrugh, Ruttan, Thornburn, Vernon, and Williams.

The minutes of the preceding meeting were read by the Registrar, confirmed and amended, and signed by the President.

NOTICES OF MOTION.

No. 1. Dr. Day, that he will move that two members be added to the Property Committee.

READING OF COMMUNICATIONS AND PETITIONS, ETC.

The Registrar read petitions from Dr. W. B. Nesbitt, President of the *Dominion Monthly* Publishing Co., and J. E. Bryant, Manager of the Bryant Press Co.

Dr. JOHNSON—Will you permit me at this stage to say a few words with regard to these communications before they are disposed of? Unfortunately I was not here yesterday afternoon when the report of the Printing Committee was presented. I was unavoidably taken away. If I had been here I should have



entered a protest against this matter being dealt with in the rapid and, to me, partial manner in which it has been dealt with. As Chairman of the Educational Committee, I had my time pretty well taken up arranging the bundle of requests, some forty-two in number, that we have just succeeded in getting through. I was under the impression, too, that I was the chairman of the Printing Committee, but I find that is not the case. I did not know the Printing Committee had ever come together until yesterday morning, when I was asked by Dr. Britton, chairman of the committee, to go into the committee room to meet the committee. The first part of the report that was put in to you yesterday was already drawn up and ready then. I suggested that it might be well for the Council to ask for tenders in this matter, and not to close this up without further consideration.

Why the Council dealt with it in the manner that they have I am at a loss to know. The second part of the report of the Committee does not seem to have been considered by the Council at all. As I understand it, the first part of the report was acted on; the second part was not acted on. I cannot understand why this has been done, unless it is that perhaps the smallness of the figure for the printing, which was suggested in the communication yesterday, had led somebody to think that the matter was being trifled with, or something of that kind, and that the Council were offended rather. What I contend for is this, that whatever that communication was, it was only from one of those persons who might tender for this work; that there are a number of others who might tender. We have heard from two or three already, and probably there might be more who are ready to tender for this. Under any circumstances, I think the matter should be carried out on the lines we observed last year. You will remember that last year we made a contract. We thought the contract was a very good one, because it secured to the Council the privileges of having our printing done for \$200 a year less than it had ever cost us before, and secured also, free of expense, to every member of this College a monthly journal. I voted for the acceptance of that offer. I believed it was a very good offer and a very good way to do it. But this year we have a better offer—in fact, two or three—one gentleman offers to do the whole printing of the Council for one dollar per year.

Dr. MILLER—Which is absurd.

Dr. JOHNSON—If there are gentlemen who have such facilities for doing the printing that they can make a living profit out of the work they do for us at the price at which they put their tender in, in good faith I think it is our duty to accept the tender. I look upon the matter in this way: that we are trustees for the money of our constituents; and I do not feel that I can conscientiously agree to use the money of my constituents in this manner. The University representatives, of course, do not consider this. The Universities do not have to pay for this. The hard worked practitioner has to pay his \$2 a year. They ought to have this matter done as cheaply and as well as possible. I believe the whole matter ought to be opened up, and tenders called for, to be put in with the name of the person tendering in a sealed envelope in the tender; that that sealed envelope should not be opened until the tender has been selected and agreed upon and awarded, that no one may know before the

award is made to whom the tender is to be given; that upon the tender being awarded, the name of the person tendering should be known. We have tenders from two gentlemen at least; let us hear what others are ready to do before we decide this matter.

Dr. MOORE—Mr. President, I rise to a point of order, and direct your attention to Rule of Order No. 13, which says: "Notice shall be given of all motions for introducing new matter, other than matters of privilege and petitions, at a meeting previous to that at which it comes up for discussion, unless dispensed with by a three-fourths vote of the members present. Any matter, when once decided by the Council, shall not be re-introduced during the continuance of that session, unless by a two-thirds vote of the Council then present."

Dr. JOHNSON—I asked permission to speak about these communications, and I have said what I have to say.

The PRESIDENT—If the rule were strictly applied, Dr. Johnson would have to give notice of motion. But when the communication was read I allowed the discussion to go.

Dr. ROGERS—Dr. Johnson is making an explanation.

Dr. JOHNSON—I only make an explanation as to why I was not here yesterday.

The PRESIDENT—If Dr. Johnson wishes to make any further remarks, he must have notice dispensed with by a three-fourths vote of the members present.

Dr. JOHNSON—I believe it should be re-opened.

Dr. DAY—Why don't you move it? What is the use of a long speech if you do not want to do anything?

Dr. JOHNSON—I give notice of motion that at the next meeting of this Council I will move that the report of the Printing Committee, which was adopted by this Council, be re-considered, and that tenders be asked for the printing therein referred to.

#### MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT PREVIOUS MEETING.

Dr. Thorburn moved, seconded by Dr. Williams, that a committee be appointed to watch legislation in the Provincial Legislature, and to advise the Executive Committee on such matters, and to report at the next session of the Council any changes in the Medical Act deemed advisable; such committee to consist of Drs. Day, Bergin, Logan, Johnson and the mover and seconder.

I think this committee may not have very much to do—so much the better—but it may devolve upon the next Council to watch more particularly any action taken by the Legislature, and it will do no harm, at all events, for this committee to have a watch upon legislation. And in naming the Committee, I have borne in mind that most of these gentlemen have had considerable experience in legislative matters.

Dr. FOWLER—Does that "next session of the Council" refer to the new Council? If so, we have no right to appoint a committee for the next Council.

Dr. THORBURN—We do not know what may occur between this and then.

Dr. DAY—This Council lives and exists until the next Council meets.

Dr. FOWLER—It is said in the regulations that at the first meeting of the new Council the Registrar



shall take the chair. If the President was still President of the Council, it would follow that he should take the chair, but that clause of the by-law implies that the present President will be then ex-President.

Dr. BERGIN—He will be ex-President the day the new Council meets, but not before.

Dr. WILLIAMS—As I understand this motion, there is no intention that that committee shall take on any active work at all. It is merely a committee in existence, that in case any emergency crops up they may be in a position to act, and there is no supposition on the part of Dr. Thorburn or the seconder of his motion that there is likely to be anything of the kind. This motion is merely providing a means of action in case anything should crop up.

Dr. MILLER—We have gone to the Legislature on several occasions already, and I am not quite sure that upon all occasions we have been as successful as we anticipated we should be, or hoped we would have been. Under those circumstances, I think, seeing that after the 30th October we will, merely as a Council, be living until next June to act in case of an emergency, and it is just possible that the new Council, shortly after their election on the last day of October, may see fit to call a special session of the Council, when they will undertake the management of affairs now devolving upon us. Therefore, I think the appearance of a resolution such as this upon our minutes may have the effect of strengthening the impression which has been industriously circulated, that we have been clinging to office as long as possible, and that we are dying hard. I would respectfully suggest to these gentlemen that the resolution be withdrawn, and certainly if it goes to a vote I shall feel it my duty under these circumstances to vote against it.

Dr. ROGERS—In the Treasurer's report this year there is an item "Committee *re* legislation, \$225, for the last session of Parliament." At the time of considering the Treasurer's report, I didn't notice this item; I do not understand it now. But this much is certain, that every Legislation Committee seems to have a method of expending a certain amount of money, and therefore I think it would be unwise for us to appoint a Legislation Committee this session, which might be called on to spend money after they had practically ceased to become members of this Council.

Dr. CAMPBELL—I do not see any particular harm can arise from the appointment of this committee, as there is no very great probability that the Committee will be called upon to do anything. But it seems a matter of expediency that there should be a Legislation Committee in connection with this body all the time, to watch legislation, and, if necessary, to advise with the Executive, and to report to the Council any changes. There could be no harm in having a Standing Committee for that purpose, and I can see no harm in having a Special Committee. I am sure it is not at all likely this committee will initiate anything for themselves. It is hardly possible there will be any work for them, and I do not think there is likely to be any expense connected with this committee.

Dr. BRAY—I quite concur in the remarks made by Dr. Campbell; so much so, that I was going to rise to make very similar remarks. I would add, further,

that, supposing the new Council see fit to call a meeting before there can be any meeting of the Legislature, that committee will have died, so it certainly will do no harm. I think this is a matter of expediency. It is not going to cost anything. The committee is not going to initiate any legislation. There is no proposition to go to the Legislature at all. In the first place, it is just to "watch legislation." In the next place, the motion says, "If this committee, with the Executive, deem it necessary to go to the Legislature, or deem it necessary any changes should be made in the Medical Act, they shall report to this Council." They do not take any action at all, but merely report what legislation is necessary, and it is for this Council to say whether it is wise to act. That committee have no power except to watch the Legislature; they have no power to initiate anything. But I think it is necessary to have such a committee, and I think this Committee should be a Standing Committee, and that the Rules and Regulations should be amended to provide for it.

On the demand of Dr. Rogers the yeas and nays were taken; the Registrar announced the count to be fifteen yeas and seven nays, and the President declared the motion carried.

#### REPORTS OF SPECIAL AND STANDING COMMITTEES.

Dr. DAY—It has been arranged that the report of the Discipline Committee should come up to-day, taking precedence over all other business; and our solicitor is here and the parties whose cases have been reported on, I understand, are here.

Dr. Day presents and reads report of Discipline Committee for the year ending 14th June, 1894. (See page 395.)

On motion the report was received and adopted.

Mr. H. S. Osler appeared as solicitor for the Council.

Dr. John Robert McCullough was called into the room.

Dr. Day read the report of the Discipline Committee *re* McCullough, and said: Dr. McCullough is here. I suppose it is proper he should have an opportunity of putting in any defence he may have. He has already written a letter of apology and submission; and I would ask before Dr. McCullough addresses the Council that that letter and submission should be read.

Dr. Pyne read letters from Mr. Walter Cassels, Q.C., and from Dr. McCullough, dated 11th November, 1893.

Dr. Campbell moved, seconded by Dr. Miller, that Dr. McCullough be now heard. Carried.

Dr. MCCULLOUGH—Mr. Chairman and Gentlemen of this Honorable Council, I beg to state to you that I have come before you to confess that I have done wrong and am sorry for doing it. I am an aged man; and out of the past years of my life I have served the public to the best of my ability as a physician, surgeon, accoucheur, and specialist, having received my license as such from Lord Elgin in Kincardine, then Governor of Upper and Lower Canada, in the year 1851. And now, in old age and declining years I have a wife and helpless family who have no other support or way of living to keep them and I but what I can make now in my declining years by my profession. Therefore, Mr. Chairman and gentlemen of this Hon-

orable Council, I beg leave to submit myself to your mercy in this case; and I undertake and agree not to offend in the future; and I beg of this honorable Council to pardon my transgression in this case and not have my name erased from the Medical Register, as I am old and have no other means of making a living for myself and helpless family but my profession. That is all I have to say. I submit myself to the mercy of the Council, considering that I have not long to serve now. I have served somewhere about near fifty years, and this is the first charge ever brought against me either as to character or anything else. I was unfortunately advised into this or I would not have done it. Besides, part of those charges are not true. I have never read the thing, more than it was read to me.

Dr. McCullough now retired from the room.

Dr. DAY—As chairman of the Discipline Committee, I have rendered you the report, and the findings of that committee on the report. We have found him guilty in the particulars which are there stated; and it is not for me, as a member of the committee, to say anything at all in the matter. The Act says we shall report our findings to the Council. I simply have my vote as a member of the Council, but as a member of the committee I do not wish to say anything. If I were to it might be looked upon that, having heard the evidence, I might possibly be prejudiced; and it is possible that might be the case. Therefore, I prefer not saying anything on the subject, only that the findings of the committee as reported to you were perfectly just. The committee did not come to any conclusion, I think, that was not absolutely and fully justified by the evidence taken. That evidence is here, and upon that evidence we find what we have reported; and it is for you to say in what way Dr. John Robert McCullough shall be dealt with. It is not for me to say any more than my report to the Council. Dr. Rogers is the only member of this Council who has had the perseverance to read over the evidence on the enquiry, and he tells me he has done so, and that evidence is before you.

Dr. CAMPBELL—The Council has hitherto taken a very lenient course in connection with offenders of this description; and it becomes a great question for us to consider whether the time has not come for us to be more pronounced in our judgment and more severe in our sentence. There comes a question whether leniency after a while does not become a fault and whether the effect is not to harden the offender and encourage others. I am disposed as much as anybody can be to take into consideration the age and circumstances of the offender in this case, but, on the other hand, we have to consider the character of the offences he has committed. I do not know that the evidence goes into that fact, but I remember advertisements and handbills from this party, very many years ago, very similar to those that have been referred to in the evidence taken before the Discipline Committee, some of which I see are now at the other end of the room (refers to Exhibits). They all show, not that he was guilty of unprofessional conduct in the mere matter of offending against the Code of Ethics, by speaking improperly of his colleagues in the medical profession—that might be an offence that I think your committee could condone,—but the offence of which he has been guilty is one for

which, had he been prosecuted in a court of law, I think he would unquestionably have been condemned for fraud. The entire list of his advertisements and his handbills are loaded with mis-statements. He starts out here on one of them—I do not know whether the one exhibited in the corner of the room or not—that “Dr. McCullough, the famed European physician, who has had experience of upwards of forty years in the practice of physic, surgery, midwifery, etc., in the hospitals of the chief cities on the European continent, formerly of the British Navy, and so on and so on”; while all the evidence that he could produce in the register was his license from the old Provincial Examining Board in 1851, and a certificate that he was a surgeon in one of the branches of the United States Army, apparently, and a graduate of a military Board at Albany in 1863. If he had been a European physician of such eminence as he says he would have put in all such qualifications as he had in Europe. But it cannot be shown he was ever in a college or hospital in Europe. In registering with the college he simply registered under the old license of 1851, and with certificates from two or three military organizations. The statement contained in that advertisement, therefore, was evidently an absolute lie. Then he goes on to assure the people that he can cure all diseases. That is repeated frequently in his bill. “Dr. McCullough treats and cures permanently all chronic diseases, etc., such as consumption in its first and second stages, hemorrhage of the lungs, and so on.” And that is repeated over and over. Then he says: “All diseases of the urinary organs permanently cured.” Any man who ever had any knowledge of medicine at all, and he must have had some, must have known he was telling a lie. The whole case is one of wilful fraud; and I think that the findings are supported by the evidence of witnesses who were examined before the Discipline Committee as reported here. I have not gone over all the evidence; it would be impossible; life is too short. But I have seen enough of the evidence before the Discipline Committee to convince me that it establishes conclusively that he had been practising very peculiarly; while, in addition to that, the character of the bills he issued in regard to female diseases is most objectionable; they say he cures all stoppages of the menstrual discharges, difficult menstruation, polypus of the uterus, etc.; “sterility cured; the childless wife becomes a joyful mother”—all this kind of thing is contained in the bills that he issued broadcast. It is a disgrace to humanity that such things should be made public. I am not prepared to make any motion in reference to it just now, but I call the Council to consider seriously whether leniency in a case like this may not be a mistake.

Dr. Rogers moved, seconded by Dr. Rosebrugh, that the report be received and referred to Committee of the Whole. Carried.

Council in Committee of the Whole.

Sir James Grant in the chair.

Dr. ROGERS—I asked to go into Committee of the Whole on consultation with the Chairman of the Discipline Committee, because it would give the members of this Council greater ease in discussing this important matter of the unprofessional conduct of Dr. McCullough. I quite agree with every word that my friend, Dr. Campbell, has said respecting the heinous-



ness of the crime which this member of the College of Physicians and Surgeons has committed. I do not think there can be two opinions among the members of this Council respecting the conduct of a member of this College, and respecting the conduct of an educated physician in respect to advertising in the manner he has. As the Chairman of the Discipline Committee has said, I did take the trouble of wading through this evidence, for the simple reason that I felt we ought all of us, as far as possible, to acquaint ourselves with the facts when a matter of such importance came before us; a matter which involves the professional life or death of a brother member of our profession; and the further I read in the evidence the more I came to the conclusion that it was doubtful if ever this Council had such a case of enormity in regard to unprofessional conduct before.

Dr. GEIKIE—I rise to a point of order. The Committee has brought in its report; they have taken great care evidently in its preparation, and in investigating the case; the person accused has been here, and he admits everything that has been charged. Is it necessary to take up much, or any, time in the discussion of the charge which has been proved and confessed? In my opinion, what we have to do is just to act upon the result as found by the committee.

Dr. ROGERS—I think Dr. Geikie is out of all reason. If Dr. Geikie does not like what I am saying he has a perfect right to reply. I do not like to be interrupted; and I call for the protection of the Chair. I was discussing this question, which I think is very important—though, perhaps, our friend, the Dean of a certain College here, may not think it important—and I think other members here do think it so. And I, for one, have, as I say, read this evidence over carefully. And when a member of this College spreads, broadcast over the country, advertisements in flaming handbills describing in every detail various diseases which unfortunately afflict women, I think that that alone, if nothing else, should call upon him the condemnation of every right-minded man in this country, whether he is professional or not. Therefore, as a member of this College, after carefully considering the evidence, and after seeing these handbills, and after hearing the findings which have been brought before us by this committee, I say that the duty of this Council is plain, not only to the profession, of which we are the executive body, but to the people of this province, to protect them from the inroads of such scoundrels and charlatans who are robbing the public right and left; who are not only bringing disgrace on the fair name of the profession of medicine, but who are a menace to the people of this province when they are doing such things as this man has done. There can be only one opinion on this. The duty of this Council is to take action, and to take it at once. This man who, to my mind, is a criminal, comes before us and pleads he is an old man; and because he has a wife and grandchildren depending on him he pleads with us for mercy. Sir, when a criminal comes before the Bar of Justice, the fact that he is an old man, the fact that he had lived years, which ought to give him discretion and judgment, would not be received as a reason for the exercise of leniency by the Court. We are constituted here, to my mind, a Court to try this man; and it seems to me the only duty we have is to accept or reject the evidence; if the evidence is correct; if the

Discipline Committee have brought before us the facts, if they are the facts, then our duty is, not to take into consideration the matter of this man's age, or his grandchildren, or any other thing, but to deal with him according to justice, and justice only.

Dr. WILLIAMS—I believe this discussion is somewhat out of order. There is no motion before the committee, as I understand.

Dr. DAY—The consideration of the report is before the committee, and it is not necessary to have a motion in order to have discussion in committee. A motion has been put and carried that we go into Committee of the Whole on this report; and on that motion we have gone into Committee of the Whole. Our solicitor advises us that the motion for adoption of the report must be made in Council.

Dr. Harris moved, seconded by Dr. Rogers, that the Committee of the Whole rise and report. Carried.

The committee rose. The President in the chair.

Dr. Harris moved, seconded by Dr. Ruttan, that whereas the Committee on Discipline reported in writing to the Council in the case of Dr. John Robert McCullough, as appears by such report on file in possession of the Registrar. (See page 395.)

In moving this resolution, I have not lost sight of the fact that the accused has been here and has pleaded guilty to the charges before this Council and has asked for mercy. But I think with Dr. Campbell, and perhaps many others of this Council, that the time has arrived when we should decide these matters in the way called for by the motion now before this Council. To my mind there is very little use trying to do anything at all with men of this class, and their pleading of age and distress in this way is a thing that will come up time and again, no doubt. These men are all men of experience; men who ought to have found out long ago, long before they began this practice, that it was not the correct thing to do.

The President put the motion and declared it carried by an unanimous vote.

At the request of Dr. Day, on the advice of Mr. Osler, the *yeas* and *nays* were taken, and the Registrar announced that all present had voted *yea*, and the President declared the motion carried unanimously.

Dr. Day presented the report of the Discipline Committee *re* William F. McBrien, M.D.

Dr. McBrien was called into the room.

Dr. Day read the opening of the report, and then at his request Dr. Pyne read the letter from William F. McBrien, M.D., of the 11th June, 1894. (See Report of Discipline Committee.)

Dr. DAY—The reason I wanted that letter read was that it was the only defence or anything in the shape of a defence that the Committee had before them. After receiving that letter we went on and made up the rest of our report, which I will now read to you.

Reading of report continued and concluded.

Dr. Harris moved, seconded by Dr. Rogers, that the report of the Discipline Committee in the case of Dr. W. McBrien be now received. Carried.

The President now called on Dr. McBrien to show cause why the report of the Committee should not be adopted.

Dr. McBrien spoke for some time in defence of himself.



Dr. Harris moved, seconded by Dr. Bray, that the Council do now adjourn until 2 o'clock p.m., and that on resuming at 2 o'clock, the report of the Discipline Committee be taken up as the first order of business. Carried.

#### AFTERNOON SESSION.

The Council met at 2 o'clock, p.m., in accordance with the motion for adjournment.

The President, in the chair, called the Council to order.

The Registrar called the roll, and the following members were present: Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Sir James Grant, Harris, Henderson, Henry, Johnson, Logan, Luton, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrugh, Ruttan, Thorburn, Vernon and Williams.

Dr. Harris moved, seconded by Dr. Britton, that the Council do now go into Committee of the Whole.

Council in Committee of the Whole.

Sir James Grant in the chair.

SIR JAMES GRANT—Probably it will expedite matters if I say that the report under consideration now is the report with reference to William F. McBrien, M.D., who addressed the meeting this morning. If I were asked an opinion, I would say it seems to me that we should suspend any decision in the meantime in this matter.

On motion the Committee rose, the President in the chair.

Dr. Bergin moved, seconded by Dr. Harris, that action be suspended in the case of William F. McBrien. Carried.

Dr. Day then presented and read the report of the Discipline Committee *re* Hugh McG. Willson, M.D., and said Dr. Willson's counsel attended before the Committee and waived service of notice on himself or his client. Neither of them are here to-day.

Dr. Harris moved, seconded by Dr. Rogers, that the report be received and referred to Committee of the Whole.

Council in Committee of the Whole. Dr. Harris in the chair.

Dr. ROGERS—The facts as brought out by our Discipline Committee, have been placed before us in a very clear manner by them; and I feel that this man has been given a very fair trial by the Committee appointed by the Council, and I do not see how the Committee could find anything different to what they have. I have read the evidence over carefully, and I must confess I am entirely in accord with the findings of the Committee.

Dr. BRITTON—I have scarcely a word to say regarding the matter. I have looked over a couple of advertisements which are exhibits in the case, and evidently his breach of all that is gentlemanly and decent has been so flagrant that we do not require to discuss the matter for two minutes.

Dr. Johnson moved that the committee rise and report. The committee rose, the President in the chair.

#### NOTICES OF MOTION.

No. 1. Dr. Harris—That he will move an instruction to the Registrar that no access be had to examination papers.

#### MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

Dr. JOHNSON—I gave notice of motion this morning in reference to the adoption of the report of the Printing Committee.

Dr. BERGIN—I submit that Dr. Johnson is entirely out of order, and he cannot carry that motion by force of members of the Council. We have so much work to do that we cannot afford to spend time discussing an impossibility, and I move that Dr. Johnson's notice of motion be struck from the order paper. By our rules three-fourths of the members of the Council present must vote for it before the motion can be put, and it is better to strike this from the order paper, because it is a useless motion.

Dr. MILLER—I beg to differ from that. I think since Dr. Johnson stated this morning at some length his objection to the resolution, that this should be allowed to go before the Council, in order that other gentlemen should have their say as well. There are a good many here who are seeking election, and one has as much right as another to put himself before the electors.

Dr. HARRIS—Dr. Johnson was all out of order this morning.

Dr. BRITTON—Might I ask that the motion be read? I did not hear it this morning.

The President read the motion.

Dr. BRAY—There is no seconder to the motion, therefore it drops.

Dr. MOORE—Mr. President, Dr. Johnson came in this morning, and while out of order—and I called your attention to the fact that he was out of order—did make certain statements here regarding the action of this Council and with regard to the action of the committee, of which he was a member, that I do not think was warranted quite. He made his statements, and there are members of that committee here, and members of this Council here, who did not have a chance to reply then, and I do not think that it is right that they should be cut short and not be allowed to reply to what he said, because it is on record, and there is no answer going on the record; therefore, I say it is only fair to give every man an equal chance, an equal right.

Dr. CAMPBELL—I would second Dr. Johnson's motion for permission to re-introduce the matter.

Dr. WILLIAMS—May this motion now be discussed? If it may, I will give the gentlemen who wish to put themselves right an opportunity to do it.

The PRESIDENT—There can be no discussion on this motion.

The President here put the motion, and called for a standing vote, and announced the motion lost.

Dr. MOORHOUSE—I rise to a question of privilege. I was a member of that Committee on Printing, and I think I have a right to be heard in relation to some statements Dr. Johnson made this morning, which are calculated to mislead. Not that I wish to insinuate that Dr. Johnson wished to mislead the Council, but it might be calculated in some minds to act in that way. In the first place, on the first day of the meeting of the committee—on Wednesday—we looked all around and enquired for Dr. Johnson as a member of the committee, in order to discuss the matter. Dr. Johnson was engaged all day on the Committee of

Education as chairman, and of course that precluded his attendance. The Printing Committee met and organized, with Dr. Britton as Chairman and Dr. Henry as Secretary. We discussed the matter over, with all the light and information we had up to the time of the adjournment to the following day. And I then came to the Council Chamber myself and told Dr. Johnson we wished to have him meet us before he was engaged in the other and larger committee of which he was chairman. Dr. Britton came in after. Dr. Johnson was present at the meeting of our committee that day, and he heard all the proceedings. He heard the resolution that was brought up, and, I thought, distinctly assented to it. I wish to make this explanation in justice to us as a committee. There was no underground work in any way connected with the thing at our first meeting. I might mention we had no tender on Wednesday other than merely a suggestion, or asking that we should get up specifications by which other journals could tender. At our meeting yesterday we had a tender for one dollar; and I thought, and so did all the other members of the committee, that that was simply a matter of bluff. We thought it was merely to get the job away from the *ONTARIO MEDICAL JOURNAL*, and we thought, as that journal had complied with the conditions so faithfully and it had cost the Council nothing, we were in duty bound to give it to him, and I thought it was unanimous on the part of all the committee. And then this morning, or since, has come in another tender that we did not have yesterday to consider at all. We only had the tender by which the *Dominion Medical Monthly* proposed to print all proceedings of the Council, and to do all that the *ONTARIO MEDICAL JOURNAL* has now tendered to do, and has received the tender by your vote of yesterday, for one dollar.

Dr. LUTON—I also was a member of that committee, and I wish to say this, that I most distinctly understood that Dr. Johnson endorsed our report, as it went to the Council without any mistake at all, and I was naturally surprised this morning to hear his remarks before the Council.

The PRESIDENT—I am not going to allow any discussion further than a matter of privilege. I will allow Dr. Johnson to make an explanation in regard to this, but we will have no discussion.

Dr. JOHNSON—The explanation is contained in what I said this morning. I was not at the first meeting of this committee, or any meeting that I know of except the one. I did suggest the second clause, which was not considered by this Council. I crossed through the room when the letter was read. I do not think the letter was read at the meeting yesterday morning; that is, not my remembrance of it. It was at my suggestion that the latter clause was added to that report. And, as I said this morning, I was under the impression I was chairman of that committee.

Dr. BRITTON—Might I be allowed to say a word as chairman of the committee?

The PRESIDENT—We will allow you to make an explanation; that is all.

Dr. BRITTON—I am simply standing up to make an explanation. I have been five years in this Council. I have been known by a good many members of the Council for a great many more than five years, and I think that all who know me well are very well satis-

fied that my honesty of purpose actuates me—that I try to do what is right. I shall simply state what occurred in reference to the matter now before the meeting. It is quite true, I think, that Dr. Johnson's name was the first name appearing on the list, but in his absence the committee was called together, because it was impossible to get him, and we waited for some time after convening. He was engaged in the Education Committee as its chairman, and I went several times to the Education Committee to see if it was possible to have him come to our committee; different members of the committee went to see if it would be possible to have him present—that was the day before yesterday. Eventually we concluded it was apparently impossible for him to be present that day, and that, as these printing matters were urgent, we would have to organize, and appoint a chairman and secretary, and accordingly I was appointed chairman. We immediately entered upon the discussion of the matter; we talked over it for perhaps an hour and a half, or perhaps two hours. Yesterday morning I called the committee together again; and I may say the day before yesterday we arrived at no definite conclusion, out of deference to Dr. Johnson, because we wanted his opinion, and because, in deference to this Council, we thought it would be necessary and right that he should be there. It was an important question whether we should renew the agreement with the old *JOURNAL*, or advertise for tenders, or enter into some new agreement with some other printing company. Yesterday morning, with some little difficulty, I got the committee together, and the first clause of that report—the clause that was discussed yesterday—was partially written out when Dr. Johnson entered the room, and it was completed after he entered the room. His first advice was, "Let us present no report; that lets us out of the box." This is putting it in plain language. I am using his exact words—"then that lets us out of the box." My reply was, "No; if we are constituted a committee, we are constituted for some special purpose; if anything has been referred to us, it has been referred to us in order that the Council may have our opinion in the matter." And I used this expression: "We are not going to flunk our duty; we must give an opinion one way or the other." Then Dr. Johnson suggested that the second clause should be added to the first. The second clause reads in this way—I think I remember the wording of it; perhaps I should say that the first clause recommended that the agreement of last year be renewed—the second clause is an alternative: "But in case the Council should not see fit to act upon our suggestion, we would advise that minute specifications accompany the request for tenders." That is a very good reason why there was only one clause discussed yesterday, for when that one clause was adopted, naturally the alternative was thrown out. That is what transpired yesterday morning; that is, Dr. Johnson was in perfect accord with us regarding the report as it went into you; at least, I understood so, and I think every member of the committee understood so; and that report has not been changed since. Early in the afternoon I found on my desk—I was late coming here—the communication which was referred also to our committee—I speak now of the tender of the *Dominion Medical*



Monthly Publishing Company—and I immediately called the committee together. The members of the committee left the Council Chamber, and on that occasion I asked the committee, including Dr. Johnson, for their opinion. Dr. Johnson would give no opinion, but said, "Settle it among yourselves," and he left our committee room and came in here. I think I have given fairly positive proof that the committee has not been a hole-in-the-corner concern bull-dozed by me or by anybody else—that there is nothing in the shape of cliqueism in it, and I think my conduct after presenting the report and the words I spoke in this room, are pretty positive proof that there was no tendency towards cliqueism. I would be one of the first to oppose it if there had been, because I took the same ground as Dr. Johnson takes to-day, that is, that it would be wise we should have tenders, and that we should not subsidize any journal. I opposed the subsidizing of any journal in that committee the same as I oppose it now. I hope I have set myself right. I am very sorry these statements were made this morning in my absence, because it would have facilitated matters if I had had an opportunity to set myself right immediately, as I would have done if I had been here.

Dr. PHILIP—With these personal explanations which have been granted as a matter of privilege, this matter is closed.

Dr. Johnson moved, seconded by Dr. Thorburn, that the Medical Library Company, now renting rooms from this Council be hereafter permitted to occupy the said rooms without charge.

Dr. MILLER—As a territorial representative I must enter my protest against the passage of any such resolution as this by this Council. Our constituents throughout the country have been in the habit of charging the Council with having made vast grants to this Library Committee. These matters are capable of refutation, but if a resolution of this description were to go upon the minutes of this Council, at once it would be said that the representatives of the schools had, perhaps, by generosity of a certain description drawn the wool over the eyes of the territorial representatives; and that they were induced to make another and further grant to Toronto and the medical profession in Toronto. As plainly as possible on behalf of the territorial representatives I beg leave to enter my protest against the passage of any such resolution as that. If these people are desirous of occupying rooms in this building, which is said to be non-paying, I, for one, feel disposed to charge them as I would anybody else (hear, hear). We must insist upon having a fair rental from them.

Dr. HARRIS—I am a University representative. I suppose I should not take this question up for the schools; it should come from Dr. Thorburn or Dr. Geikie.

Dr. MILLER—You are one of them.

Dr. HARRIS—Some members of this Council seem to confuse the Universities with the Medical Schools; and they class us together. They seem to think, as Dr. Miller would convey, the impression to the country at large.

Dr. MILLER—I am not giving you my impression, because I know better. But I am conveying to this Council the views which are entertained by our constituents throughout the country; that the profession

in Toronto and the schools in Toronto are profiting by that library which is sustained by this Council at the expense of men who never see the inside of the library.

Dr. HARRIS—This resolution is moved by a territorial representative.

Dr. MILLER—He is a Toronto man.

Dr. JOHNSON—Anybody has a right to see this library.

Dr. HARRIS—For my part I intend to vote against the resolution, but I do not think Dr. Miller is right in insinuating that the schools—

Dr. ROGERS—I quite endorse all that Dr. Miller has said. The feeling of the profession is that this Library Association, if they occupy rooms of this College, should pay the same rent as any other person. I quite endorse that feeling too, because it is a building owned by the whole profession.

Dr. BRAY—I move, seconded by Dr. Bergin, that if the Ontario Library Association wish to continue the occupancy of their present room in this building that they may do so by paying \$100 per annum as heretofore.

Dr. PHILIP—I hope it will not be considered out of order for me to make a remark from the Chair. When I was on the Finance Committee we had a good deal of trouble with the Ontario Library Association. The first year we gave them one room for the nominal sum of \$1 in order to encourage them to establish their library. We had a good deal of trouble the next year. We had arrangements to give them a room for \$100 a year. Continuous objection was made to that; and I know the Finance Committee at that time, during two successive years, had a good deal of trouble and a good deal of unnecessary trouble with them; and finally, after a great deal of writing and correspondence, we had a final binding arrangement with them that they should continue to pay for these two rooms—and very good rooms they are—\$100 per annum. I know there is a very strong feeling amongst the voters in the territorial districts as to this matter.

The President then put the amendment and declared it carried.

Sir JAMES GRANT—I gave notice of motion with reference to the preliminary examinations, but I am aware at this stage of the meeting it will be impossible for the Council to take any positive action upon this matter. I have been consulted by the University of Ottawa; and, as you know, that University stands exceedingly high; and their preliminary examination, when you investigate, you will find is almost higher than any other preliminary examination in the universities of Canada—the classical examination in Greek and Latin, particularly, is exceedingly high—and the University authorities think this Council should accept their examination as sufficient qualification for those entering upon the study of medicine. I would not ask this Council to adjudicate upon this matter to-day, but I will ask the authorities of the University to forward to this College a copy of their syllabus and of the examination required from their students. And I will ask, also, the consideration of the Education Committee of this Council on this important question, inasmuch as I feel perfectly satisfied that their judgment will be quite sufficient; and as the representative of that University, I will be quite willing to abide by whatever decision they arrive at.



Dr. Thorburn moved, seconded by Dr. Harris, that the Council go into Committee of the Whole on the report of the Finance Committee.

Council in Committee of the Whole. Dr. Logan in the Chair.

Dr. Thorburn reads: "In view of the very heavy expense attending the Discipline Committee, we would recommend that when medical legislation is next sought for, amendment be secured to the Act by which the Council may appoint a commissioner to take evidence in all cases of discipline, and he shall report the same to the Council." We find the present way of dealing with these cases is very tedious and very expensive, and we thought it would facilitate the matter very much in many respects, to conduct the enquiries just in the same way as the County Judge takes evidence.

Dr. BERGIN—I do not much like making objections so often to motions brought before this Council, but I must say that I am not at all in accord with the proposition given in the report of the Finance Committee. We require, I think, first some well-founded assurance that the investigation of these cases by a commissioner will be more conducive to the success of our prosecutions: and we would require also a very well-grounded assurance that it will be cheaper. I know something about commissions, and I know that they are very expensive matters; that when a commission of this kind goes to a County Court Judge—

Dr. THORBURN—We do not propose giving it to the County Judge. We will take it into our own hands.

Dr. BERGIN—Under the statute you will be obliged to pay \$20 a day to the Commissioner; and when he has to adjourn he gets \$8 for each adjournment; and I do not think we should jump into the thing merely because one gentleman or two happen to think they can improve matters. There are reformers and reformers; those who are very expensive, and reformers who are very reckless sometimes; and before we jump into this thing we ought to count the cost. We ought to be perfectly sure that we are going to establish that which will commend itself to the Council, not to-day, but for all time. So far we have been, I think, very successful under the action of the Discipline Committee; everything has been conducted very well; it has been conducted in open day; there has been no hole-in-the-corner work, and there have been no adjournments to put \$8 into the pocket of the presiding officer every time an adjournment is made. There has been nothing of that kind; and although it has been very expensive, we are on the high road towards driving offenders out of the country altogether. And I think, possibly, if the Council is given time to consider before the next meeting, some plan may be devised by which we can lessen the cost; some plan that will commend itself to the Attorney-General, so that he will give us legislation that will enable us to make these people pay the costs or give security for them. The great difficulty with us is that there has been so much money expended in costs, and that men like Dr. Washington, who were convicted, were not obliged to pay the costs incurred by the Discipline Committee. I am satisfied that the Attorney-General is at one with us in the desire to give us the power to collect the costs, to tax the costs

against these men that we discipline; and in this way, except in the case of some very impecunious wretch, we will escape the loss we have been put to in the past.

Dr. THORBURN—I am not particular about the word "commissioner." And I am quite glad to hear Dr. Bergin express himself that the Attorney-General will suggest some method. This suggestion was made more to provoke some discussion than anything else.

Dr. MILLER—I think it would be well to strike out the clause. We probably will not be here very long, and if any change is about to be made, I think that probably our successors would be the proper people to do it. This, however, is a change which perhaps may involve greater expense, as already has been pointed out, than the system which we have adopted and which, though somewhat expensive, has been very effective. I would be very sorry now, in the short time before us, to see any radical change attempted.

Dr. Miller moved, seconded by Dr. Philip, that the clause just read, of the Finance Committee's report, be struck out. Carried.

The reading of the report was then continued clause by clause, and the report was adopted as amended.

On motion the Committee rose. The President in the chair.

On motion the report of the Committee of the Whole, *re* the report of the Finance Committee, was adopted.

#### ENQUIRIES.

Dr. MILLER—There were some questions asked yesterday with reference to some payments set out in the Treasurer's report, and it was understood that the vouchers for those payments should be produced, in order that the members of this Council might have information as to the nature of the items.

Dr. THORBURN—One of those questions alluded to the interest paid to the Canada Life. It was stated here that we paid \$3,000 annually; last year it was \$3,100 odd dollars, and on a former occasion a still greater sum. The reason that this year it is only \$3,000 and last year only some \$3,000 odd, was because there were notes discounted for the College due, and the difference is made up of interest on those notes.

Dr. Ruttan asks whether the bank gets a premium for insuring the building.

Dr. PYNE states that the bank does not.

Dr. THORBURN—The question of supplies was also referred to yesterday. Those supplies were largely made up of plumbers' work, and work fixing the elevators and boilers.

Dr. LUTON—I would like to ask what all this water that is charged here was used for? Do we supply our tenants, or is it the water that is used by us as a Medical Council?

Dr. PYNE—The water charged for there is used for running the elevator. There is a metre on the building, and the water is paid for after running through that metre.

Dr. LUTON—Is the gas charged for used exclusively by the Medical Council, or is it used also in the library room?

Dr. PYNE—It is used by the Council, and used for lighting the corridors in the building. We have to keep the corridors lighted.

Dr. ATKINS, the Treasurer—Mr. Fensom, the machinist, had to put in two cables for the elevator, costing \$75. He also had another bill for cleaning sand out of the same elevator, etc., amounting in all to \$128.30. Kinghorn, the plumber, had a bill for \$156.43 for work done on the order of the Building Committee; a carpenter's bill, \$117; repairing the brick-work under the boiler, \$75; and other smaller items, "galvanized iron on the roof," etc. These were all ordered by the Building Committee, and were necessary to keep our building in a good state of repair. Another item of expense was printing examination papers last fall and this spring, \$120.25; Rolph & Smith, for printing diplomas, and for tin cases for same, \$151.30. I have not gone over the whole of the account now, but all the items are of that nature, and I have vouchers for the whole of them in the next room, if any member of this Council desires to see them.

Dr. MILLER—We simply wish to know what the items were. We are quite satisfied they are all right. On motion, the committee rose, the President in the chair.

On motion, the report of the Committee of the Whole on the report of the Finance Committee, as amended, was adopted.

On motion, it was resolved that Dr. McCullough, whose name had, by a previous motion, been erased from the register, should be permitted to address the Council.

Dr. McCULLOUGH—I want to ask the Council to give me a little time to practise. I want to take my family to the States. I have waited since I was served with the papers, and not done anything since.

Dr. PHILIP—We could not possibly open the case again. It has been decided by a fair and prolonged trial, entailing great expense on this Council, and after having given you every opportunity to defend yourself.

Dr. McCULLOUGH—Allow me to practise a year or so, to get away.

Dr. PHILIP—The case has been decided, and it is utterly impossible for us now to re-open it.

Dr. McCULLOUGH—I dare not practise any. What am I to do? If I could have got about six months' time, I could get away to a new home.

Dr. PHILIP—It is too late to consider that now. You should have considered that before.

Dr. McCullough retired.

Dr. PHILIP—Before we proceed to take up any other business, I regret that I have to announce to the Council that Sir James Grant, who has been a member of this Council, I think, since its organization, will not be after this year a member of this Council. He finds his public duties at Ottawa, in connection with a great many things, so engross his time that he will be obliged to give up the work of the Council. I am sure every member of this Council will deeply regret this, because of his long connection with the Council, and because he is one of its most energetic workers, and he has always taken a great interest in it. And I am sure every member of the Council will regret that so eminent a man, and one occupying the position of our esteemed colleague, Sir James Grant, is obliged to retire from among us.

Sir JAMES GRANT—Mr. President and gentlemen, I thank you most kindly indeed for giving me this opportunity of saying at least a few words to my *confères*,

inasmuch as I consider it a privilege of any man in our profession to have an opportunity of sitting here as one of the representatives in medicine and surgery in the Province of Ontario. Thirty years have now passed since I had the honor first of being elected a member to this Council. At that time I went on as a comparatively young man, then associated with a number of men in the profession advanced in life. Most of those gentlemen, I am sorry to say, in the ordinary course of events have passed away, and there is not on this Council to-day one single member who was present with me at its inception.

The profession itself as a profession was merely in the initial stage of development as far as education was concerned in the Province of Ontario. We commenced work here under very difficult and trying circumstances. And if there is one circumstance more than another that I wish to give expression to it is the cordial manner in which we were received by the Homeopathic body and by the Eclectic body (hear, hear; applause). To-day there are no divisions in our profession in the Province of Ontario; we are a unit; we are as one as far as the best interests of that profession are concerned. To-day we occupy a very high and important position. We have arrived there by a species, I may say, of progressive development. We commenced at the lower rounds of the ladder, and, so far as educational capacity is concerned, judging from those young men who come up for examination, the status of the Province of Ontario, and of the College of Physicians and Surgeons of Ontario, stands as high to-day as any educational body in the world (hear, hear). Go where you will throughout the length and breadth of this province there is but one expression of opinion as regards the advantage that has accrued to the profession by the judgment, by the energy, by the perseverance and by the determination of the men who are guiding the interests of this province in Education. I mean the Medical Council of Ontario (hear, hear). I see around me to-day many young men who are displaying that degree of activity and energy, which, no doubt, will enable them to follow in the footsteps of those who have already passed away, and made a name for themselves in the annals of our country.

I think the Province of Ontario has reason to feel gratified that the Medical Council of this province is keeping up that high standard of Education. We know perfectly well that members of the profession are now becoming very numerous, but I am glad to say, although they are numerous, they are, at the same time, well educated. There are very few quacks in the profession. There are very few men exercising the duties and responsibilities placed in their hands to-day as medical men in this province who could not perform ovariotomy, or any of the critical operations in surgery; or take charge of the highest elements in the profession of medicine. That is a proud fact for us as a profession to be aware of.

What is the reason to-day that so many of the young men of this country acquire rapidly a standard and status in the great neighboring republic? Is it because we are Canadians alone? No. Is it because the men of that country, notwithstanding their advancement and their progress and population, to-day recognize that Canada as an educational centre is one in which they may place implicit confidence? (Hear,



hear). Go where you will throughout the length and breadth of that country you will find Canadian graduates to-day occupying positions of trust and responsibility. And under these circumstances we can see the reflex influence of the educational capacity and educational ability of the men who have emanated from this educational centre.

I wish this Council every possible degree of prosperity; and I regret that my professional duties and other duties are more, at the present time, than they have been in times past, and I find I require a little diversion of labor. Under these circumstances it will be necessary for me to say that this is the final meeting, as far as I am concerned, of a Council with which I have been associated for thirty years; and certainly, as your oldest member, let me say, that I leave your Council with great regret, but at the same time I must express to you, gentlemen, my greatest thanks for the kindness and consideration I have always received at your hands; and I again wish you and the Council of the College of Physicians and Surgeons of Ontario every possible degree of prosperity.

Dr. BERGIN—Mr. President, as one of Sir James Grant's earlier friends, and having had the privilege of being an intimate friend of his father, and knowing the great work that he and his colleagues did at the formation of this Council, I cannot avoid expressing my great regret that he declines to give us the benefit of his counsel any longer. And I propose to move a resolution, sir, expressive of my feelings on this occasion, which I hope will commend itself to the Council and also to Sir James Grant. Of course, we can but echo what Sir James Grant has said as to the effect the establishment of this Council has had upon the education of young Ontario, who, since its establishment, have entered upon the study of the profession. Nor can we help noting the great benefit that the establishment of this Council has conferred upon the public of this province. Nor can we deny that the result of the labors of this Council has been to put the profession of this country in a better light before the public; and that in every way we look at it the establishment of this Council has been a benefit to society and to the world at large.

Of later years the Council has endeavored to complete, so far as for the time being it could complete it, the work of the members who first presided at the birth of this Council. We cannot help feeling that we have had up to to-day the support of one of the most active and able men of those great men who established this institution. And it makes it all the more difficult to part from him now, because he is the sole survivor of the men who instituted this Body. And, in the language of the resolution which I am about to propose, "I hope that Sir James Grant will not sever his connection with this Council of the College of Physicians and Surgeons of Ontario until it shall please God to remove him." We shall not ask him to take any active part in our proceedings if it be not convenient for him to do so, but we ask that he shall continue to represent the University he has represented so long and so ably, and that he should continue to represent it throughout the remainder of his days. I am sure there is not a member of this Council but will agree with me that it is with the greatest regret we have heard of his resolution which he has announced to us, and that we all have the

most fervent desire that he shall re-consider it, and shall come back here.

I move, seconded by Dr. Moore, "That we learn with deep regret that Sir James Grant has decided to retire from this Council, and we desire, while expressing this regret, to hope that he may reconsider his resolution."

Dr. MOORE—In seconding that resolution I do so with feelings of more emotion than probably my voice indicates. One of the fathers of this Council is about to leave us; he is one of the gentlemen who had the courage, who had the determination, who had the interests, not only of the profession at heart, but the interests of the public at heart as well; and with these interests at heart he, with others, founded this institution, which will stand as a monument to him greater than that of marble or of brass, or whatever else you like to put up to his memory, years after he is dead. With my friend, Dr. Bergin, I regret, and regret exceedingly, that he has seen fit now to say he is about to quit us, and quit us forever. I trust he will reconsider his determination and that he may remain with us, as Dr. Bergin has so ably and well said, so long as life shall last. We value his counsel; we value his presence; he is one of the fathers of this institution, and the only one remaining. I do not know how we can value the work Sir James Grant has done for us; he has been a valued member of this Council. He has been a very able man, not only in his profession, but in other ways in this country of ours; he has done all in his power to elevate the standard of Medical Education; he has done all in his power to bring this calling of ours to the position it now occupies. Sir James Grant's name is known, not only as a household word in this country, but it is known almost throughout the length and breadth of the British Empire. And I tell you, gentlemen, this Council cannot afford to lose so eminent a gentleman as Sir James Grant, and I trust he will reconsider his determination and continue to add his valued counsel to our deliberations.

Dr. ROGERS—As a member coming from the same city as my friend Sir James Grant, and living with him, and taking from him a great deal of the inspiration which started me to offer myself as a member of this Council, I cannot let this occasion pass without expressing and re-echoing all the pleasant sentiments which have been expressed by my friends, Drs. Bergin and Moore. I may tell you, I feel, personally, the deepest regret that Sir James Grant is about to leave this Council; and I may say in expressing that, that I am expressing the feeling of every member of the medical profession of Ottawa. Sir James Grant has been not only one of the fathers of this Council, but, in Ottawa, he has been the founder of all the medical societies we have there. He has been the largest contributor; he has been almost a father to them and has helped them all. And I assure Sir James Grant that it comes to me to-day with feelings of bitter sorrow to find he will not come back to this Council again. And I certainly hope, and I express that hope, that Sir James Grant will reconsider his resolution and still remain a member of this Body.

The President here asked Dr. Day, who had just entered the room, if he desired to speak on Dr. Bergin's resolution, as he (Dr. Day) was one of the oldest members of the Council.



Dr. DAY—So far as I have heard the expressions of the gentlemen who have spoken I can only say, if I were going to remain a member of the Council I should feel very deep regret to have Sir James Grant leave. I was a member of the Council from 1869 to 1872 with Sir James Grant. When I first came into the Council he was here then as a member, and he has been here ever since, some fifteen years. I think his experience here, and his counsel and advice, and so forth, have been very useful to us; particularly so in the earlier days of his membership, when his other duties permitted him to be more with us. In the years I have just referred to he was one of the most faithful members of the Council, as he has been since. Whether in or out of the Council I shall very much regret that this Council shall not have the benefit of Dr. Grant's good judgment in its deliberations; and I think, if there is a possibility of his reconsidering the matter and remaining a member of the Council, even if he attends only a day or two at each session, I think, he should do so; and I think the profession would take it as a matter of kindness on his part if he would remain simply to give the benefit of his advice, even if he were not able to take an active part in our work.

Dr. HARRIS—All the praise has come from representatives of the Council from the east, and none from the western representatives. There is very little left for me or for any other member of the Council to say. I thought I had settled this question yesterday on the street. I have known Sir James Grant for ten years, and presuming on that acquaintance, when he told me that he was about to retire from this Council, I gave him some fatherly advice and requested him by all means to stay with us, as we would miss him very much, and I fondly thought that my words would have some effect, but they apparently have not had the desired effect. I would be very much pleased to know that Sir James Grant would reconsider his decision and return to us again as the representative of the University of Ottawa.

Dr. GEIKIE—As a member of this Council for about twenty years, I wish to say that I heartily concur in every expression of a kindly character that has been offered to Sir James Grant to-day; expressions could be nothing else referring to that gentleman. I am not fond of *ante mortem* resolutions, and I hope this will be an *ante resurrectionem* one; and, following Dr. Day's suggestion, I think perhaps he might send us his photograph on days he does not come. At all events it has struck me that we might possibly have his portrait as our oldest member hung up in our council chamber with the fathers of the Council. Who knows but when the Council becomes universally popular and wonderfully well of, and everybody in the profession regards it with favor, we may see Sir James Grant's portrait, along with those of a number of other persons, hung here as an indication of the thanks of the profession for their labors in this Council, which, I am sure, Sir James Grant richly deserves.

Dr. MOORHOUSE—As all the fathers of the Council have had their say, I, as the youngest member, and from the extreme western part of the Province, might say a few words in appreciation of the great honor in which Sir James Grant is held. And I wish to add my earnest protest against his withdrawal from

the Council, especially in view of the troublesome times we may have at this time next year, as the *personel* of the Council will have somewhat changed, and we may be greatly in need of his fatherly advice and his superior experience in the coming session on the new order of things. (Applause.)

Dr. THOREBURN—If it were necessary, I might add my say to the compliments. I can go back a long way to when I first knew Dr. Grant, some thirty-nine years ago. Since then I have known him very intimately. I have travelled with him, and have always found him a most delightful companion and a man whose advice is always considered very highly. And I hope he will reconsider his decision and come back, and let us see his fine, open face to cheer us in our labors here.

Dr. WILLIAMS—When so many testify, we become rather singular if we have not a word to say. While I am not much good at expressing flattering compliments to people's faces, yet I must say, since I have been a member of the Council, I have very much appreciated Dr. Grant's presence when he has been here. In times past we had a good deal more battling in the Council than we had at later times. There were times when there were very great differences of opinion as to Matriculation, as to medical examinations and different features in connection with the Council; when there were very strong differences of opinion felt and expressed, and expressed with a good deal of vigor at times, Sir James Grant was never one to get too warm, even if some of the rest of us did; and he has always had the happy faculty of giving us each a kind word, even when we got too warm—and we can appreciate oil thrown upon the waters, as has been done by him very frequently. I can only say that with the rest I exceedingly regret that we are not to have his presence, if it be so decided, in the future. I agree with some of the remarks made by the gentleman behind me (Dr. Moorhouse), that there may be more turmoil in the Council in the time to come, perhaps in the immediate future, than there has been just lately; and it will be well if we have some person who has the faculty of giving good advice and at the same time soothing down the troubled feelings. I am inclined to think, perhaps, the remarks made by Dr. Geikie in jest might be worth considering and acting upon in earnest some time. I think it would be a nice thing if the fathers, as they call them, of the Medical Council should have their portraits placed upon the walls of the Council Chamber, and I, for one, hope to live long enough to see them placed there. There are men who have had something to do with getting the Medical Profession into an organization in the Province of Ontario, and who have worked systematically to bring it up to its present standard, that I think the younger members of the profession ought to know, and know by seeing their faces upon the walls, as well as know them in history. And I shall be only too glad if some day in the future we shall have the walls of our Council Chamber decorated by being hung with the pictures of the gentlemen who were at the organization of the Medical Council.

Again, allow me to express my sincere sorrow that Dr. Grant has thought it wise to determine at the present to withdraw from the Council; and I hope he may reconsider that decision, and that the University

that now sends him here may continue to send him during the balance of his life.

Dr. CAMPBELL—I cannot add anything, either in quantity or quality, to what has been already said by so many who have spoken. The sentiments of kindly esteem, in which we all hold Sir James Grant, are universal in the Medical Council, I think. We all appreciate his many good qualities of head and heart; we all enjoy his company; we have all, as some gentleman has said, had the pleasure of a kindly smile and a pleasant word from him on many an occasion; and we will all regret any circumstances so resolving themselves that he will not return to this Council again. I, for one, hope that I shall have the honor to be returned, and that I shall meet Sir James Grant once more in this Council.

Dr. PHILIP—After this universal expression of opinion on the part of the members of the Council in regard to the proposed withdrawal, I hope Sir James Grant will, at any rate, "take it into his serious consideration." This Council not only expresses its own regret at the withdrawal of Sir James Grant, but it is the opinion which will be felt by the profession through Ontario. Dr. Grant, as has been said by various members, has been one of the fathers of this Council. He is the oldest present living member of the Council; and it is no wonder so strong an opinion of regret and affection almost toward himself should be shown him to-day, when we are about to lose his services. And I hope, after the strong expression of opinion that has been given here to-day, that we shall have the continued pleasure of his presence; though, as Dr. Bergin says, we might well excuse him, with all his public duties, from coming as a regular member. But I am sure it would give the Council extreme pleasure, and not only the Council, but the profession, if Sir James Grant would continue to sit as a member of this Council, as the representative of the University of Ottawa, even if he could only be with us part of the time. I will now put the resolution.

Sir JAMES GRANT—Before you put the resolution, will you allow me to say a word? I must return my sincere thanks to my old and new friends for the very considerate and kind manner in which they have to-day spoken of my feeble efforts. My great object in life has been to do the most and best I could for the advancement and in the interests of our profession; for we have a noble profession; it is pleasant to live in it, and it is also pleasant to die as a member of that profession. We are working together as one body. Canada is spoken of to-day as a great country. Our colony stands to-day A1 in the colonies of Her Majesty. We have assembling in Ottawa in a few days the great men of the earth; a proud circumstance in connection with the advancement of the best interests of our country, the assembly of the great men of the world in the Capital of the Dominion of Canada. Recognizing the position that we, as a people, occupy to-day—as Canadians—ought we not to feel proud, as a Council, to consider the trust and responsibility that rests on us, and what we have accomplished, as a body, in the way of educating the men who are taking charge of the five millions of people of our Dominion? Gentlemen, I feel extremely pleased and gratified with the observations that have fallen from you to-day; and when Lord Derby, a short time ago, met the scientists from the United

States, at Ottawa, and the members of the Royal Society, he said, "Will you make me come back again?" And I feel, while listening to the kind words said by you here to-day, that sentiment passing through my mind, "Will you make me come back again?" I can assure you if one circumstance more than another would make me take into consideration the change of my mind in reference to this, it would be the kindness, consideration and generosity shown me by one and all on this interesting and auspicious occasion.

The President put the motion, calling for a standing vote, and amid applause, declared it carried unanimously.

Dr. Day moved, seconded by Dr. Rosebrugh, that the names of Drs. Logan and Johnson be added to the Property Committee in accordance with By-law No. 39 of this Council.

Dr. Rosebrugh presented and read the report of the Registration Committee.

#### REGISTRATION COMMITTEE REPORT.

*To the President and Members of the Ontario Medical College:*

GENTLEMEN,—Your Committee on Registration beg leave to submit the following report:

In reference to the communication of R. M. Luton, a homœopathic practitioner and a graduate of the Hahnemann Medical College of Chicago, asking to be registered by this College,

Your committee recommend that the petitioner be granted the primary examination, and that upon payment of all fees and the production to the Registrar of satisfactory qualifications to be allowed to come up before the Homœopathic Examiner for the final examination. Have not power; R. M. Luton must comply with the Ontario Medical Act and take the examinations.

In the case of G. E. Chaperon, requesting to be registered, Your Committee find that the petitioner has furnished no proof of having complied with the Ontario Medical Act, and that his request be refused.

In the case of Jacob Zelinski, asking for registration, Your Committee, for the third time, having examined his papers, find that he has not complied with the Medical Act and recommend that this appeal be not granted.

Your Committee recommend that the petition of N. Washington, asking to have his name restored to the Register, be refused.

All of which is respectfully submitted.

W. ROSEBRUGH, *Chairman*.

On motion, the Council went into Committee of the Whole on this report. Dr. Henderson in the chair.

Clause 1 of the report was read.

Dr. JOHNSON—This matter has been all threshed out before, and I would propose that the primary be not granted to any gentleman. I do not know anything about this gentleman or the University from which he has come, but if he is to be allowed the primary examination he is therefore to be allowed the whole of his preliminary examinations, so far as our profession is concerned, and then he has to come up and take his examination before his particular department only, and that, I do not think, is the meaning



of our Act in reference to cases of this kind. Preliminary education must be established, or else the Act is not carried out. Our wish is that a man should be well educated, and when he has been thoroughly educated in what we all agree to be the ground-work of a medical education, he should be allowed to practise the particular school that he wishes.

Dr. ROGERS—Under what clause of the Regulations do they allow him to come in? The Act says, "Every person who passes in one or more of the qualifications described in Schedule B to this Act dated prior to the 23rd July, 1870, shall, on payment of a fee to be fixed by by-law of the Council, not exceeding \$10, be entitled to be registered, etc." But this gentleman has not a qualification specified in Schedule B, and he did not get his qualification prior to 1870; therefore, I do not see how this Council can allow him to come in under that clause of the Act.

Dr. ROSEBRUGH—Dr. Edwards was here in the interests of this man, and I think he spoke to almost every one of you in reference to his application, and I requested Dr. Campbell to make himself familiar with the case in every respect, and I think Dr. Campbell is ready to explain the case in all its details. The gentleman named Mr. Luton is a Canadian of some thirty-five years of age. He passed the matriculation examination in Canada; he is a member of this College as a matriculate now. Previous to passing his matriculation examination he taught school when he lived in Canada. He was born and brought up here, but went to the States and became a student of the Hahnemann College, and there passed, and now he wishes to return to Canada to reside. Dr. Edwards says, in the neighborhood where he lives, persons come to him and say, "Doctor, will you give me a little medicine for this, that or the other;" and if he did he would be brought up and fined; but he is now a man of means, and does not wish to practise, Dr. Edwards assures us. Dr. Edwards, as you all know, is an old member, and a past President of the Council, and one who is very familiar with the Council's proceedings.

Dr. JOHNSON—If this goes through in its present condition we are setting up a principle, unless you wish to go back to a case of this kind that occurred once before, and use that as a precedent; that is, that a student can matriculate before a Board, and go to the States and stay there ten or fifteen years, and then ask to be registered before our homeopathic examiners or anything else, and he must be registered.

Dr. MOORHOUSE—I think we are making a snare for ourselves, if we admit this case, for future trouble, and I think we should pause before doing it. The case may be a very worthy one, but it is not the individual but the principle that has to be considered; the principle should be always zealously guarded and jealously guarded, because, what is to hinder any other young man or any other medical man from the other side demanding the same under similar circumstances? and if you grant it to one, you must grant it to the other if you wish to avoid the insinuation of partiality. In order to be just, and gain the respect of the medical world and the public at large, we must act justly; and if we act as has been suggested in this case, we would not be acting justly.

Dr. CAMPBELL—I know nothing about this case personally. I do not know the applicant. I have never had any communication from him or correspondence with him. All I know is what has been stated to me by our esteemed ex-president, Dr. Edwards, who, in his visit to the Council, made it his special business to press the claims of this gentleman to the consideration of the Council. He is, as Dr. Rosebrugh has said, a Matriculate of this Council, and he has been a practitioner for many years in the States, and he now asks, as you understand from the report of the committee, to be registered. My friend, Dr. Edwards, made the claim that under Section 23, sub-section 3, on page 20, this gentleman had a claim upon the Council. I am free to confess that that clause of the Act does not seem to me to be explicit enough to give the gentleman any very special claim, and I so told Dr. Edwards, but he maintained it was generally understood at that time that the clause should be interpreted so that those who were practitioners in homeopathy any time during the six years preceding 1874 should have the benefit of this clause. Of course, I was not in the Council at that time, and I do not know what ideas might have been held by members of the Council then, or what their intentions or practice might have been. Of course, there are precedents already established; we have at different times admitted gentlemen, and ladies also, to certain privileges by giving them primary examinations. I have now told you all I know in regard to this matter.

Dr. Pyne states that the date of the matriculation of Mr. Luton is 1871.

Dr. CAMPEELL—He graduated before 1874, in the College spoken of in Chicago.

Dr. BERGIN—Is that one of the colleges recognized by the Homeopaths here?

Dr. CAMPBELL—Yes. It is a good college. At that time its term was three years. The statement of Dr. Edwards was, at that time, in the Council it was understood that any one who was a practitioner in homeopathy at any time during the six years preceding March, 1874, was entitled to the privileges granted under the clause of the Act I have read to you.

Dr. BERGIN—To my mind if it be true that this gentleman who is making application for registration is a matriculate of this Council, and was in active practise before 1874, and has the degrees of a college in good standing, that only the homeopathic members of this Council have the right to pronounce judgment upon this application. Sub-section 3, or Section 23, of the Ontario Medical Act has been referred to and read. If this gentleman was in practise six years before 1874, I would throw the whole responsibility of putting him upon the register upon the homeopathic representatives, but the facts, as disclosed by our register, goes to show it was impossible that he should have been practising six years before 1874, because he matriculated in this country in 1871. That disposes of his having had the degree previous to that date; and, therefore, this Council must accept the responsibility as a body, and not throw it on the homeopathic members. Dr. Moorhouse, a moment ago, recalled to my mind that we were ensnared once before, and we gave registration to a man under just as pressing an application as has been made by Dr. Edwards here during this session of the Council.



I must say that the impression I gathered from my conversation with Dr. Edwards, who pressed this case upon me very strongly, was that his sole business here during this Council meeting was for the purpose of placing this gentleman's name upon the register; and I thought, and I gave Dr. Edwards so to understand, that he might have been here upon the business which would be much more in the interests of the Council and of the public at large than the enrollment of this name upon the register. I feel now as I did when I was speaking to Dr. Edwards, that it would not redound to the credit of this Council, nor will it be to the benefit of the community, that this gentleman's name should appear upon our register as entitled to practise in this province.

Dr. ROGERS—I would simply agree with what Dr. Bergin has said. And by reading over the Act carefully I can see exactly the points he takes—that if he had practised six years before, we must leave it to the homœopathic men and let them decide it, but he cannot come in under that; in the second place, he cannot come in under Section 23; and I cannot see for the life of me how we can admit him under our Medical Act without examination. The Medical Act is specific, clear and very emphatic; and it seems to me we would be violating our pledges as members of this Council if we were to admit this gentleman.

Dr. WILLIAMS—I think, in looking over this clause, there is certainly not a legitimate claim for registration under the clause. I believe there have been precedents established by this Council already for holding examinations similar to that proposed by the Registration Committee. There is a case within my recollection, I think, of a gentleman now practising in the city of Toronto, and who has been practising here for a great number of years, who was admitted to examination, and was referred to the homœopathic examiners to be examined by them; he was examined and passed by them, and placed upon the register after having passed that examination. I presume that that is just about the course the Registration Committee had in their minds in this case: that they were really following the precedent that had been established a good many years ago. I have some little doubt as to the advisability of it. At the same time I have not doubts so strong that it would lead me to strike out the clause of the report. If it were left to myself entirely I am not sure I would strike it out, but if the Council wish it in that way I shall offer no strong objections. When a Canadian has been out of the country for a good many years and has been practising medicine some place else, and then wishes to retire and return to his own country, I admit that my sympathy, as a Canadian, goes out to him sufficiently that I have some scruples about the advisability of striking out that clause. And while, as a matter of duty towards the Medical Council, I might be compelled to vote in that way, it would be contrary to my sympathies and my kindlier feeling when I do so.

Dr. CAMPBELL—I know nothing personally about this except what Dr. Edwards has said—that this gentleman is a Canadian returning to spend his later days in his own country; and as precedents have been established before I made the explanation.

On motion the clause of the report was amended to read, "That the Council have not power to grant the request of R. M. Luton; that he must comply with the Medical Act and pass his examination.

The clause was then adopted as amended.

Clauses 2 and 3 were then read and adopted. Clause 4 was read.

Dr. JOHNSON—I would suggest as an amendment, if the Council are inclined to give Dr. Washington his status again, that it should be only done on the ground that he pay all the costs of the Council connected with his trial. Dr. Washington, I understand, is desirous of practising here, where I believe his home is—his father and mother live here I understand. I do not know Dr. Washington, except from his having written to me in this matter. He asks that the Council shall reinstate him upon any consideration, and upon any condition.

Dr. MILLER—I would be sorry to admit the gentlemen again simply on payment of costs. If it is right and proper to restore him to the register I would do so, and say the College has a perfect right to pay the costs. It would certainly bear the appearance of having been a matter of bargain and sale; and I would very much rather that our costs were not restored to us than that they should be paid to us at the expense of an improper resolution.

Dr. ROGERS—As far as I am concerned I think it is an insult to this Council, after doing what he has done, to even make an application to have his name restored.

Dr. PHILIP—A resolution has been passed by this Council, that parties who have had their names erased from the register, and desire to seek re-registration, shall not have the privilege of making application therefor, until the expenses of the investigation, and the costs incurred in connection with erasing their names have first been paid; therefore this matter cannot be considered now by this Council.

Dr. WILLIAMS—In my view there should be no consideration about his being placed upon the register at all by paying fees.

The report was adopted as read and amended.

On motion the committee rose. The President in the chair.

On motion the report of the Committee of the Whole on the report of the Registration Committee was adopted.

Dr. Williams moved, seconded by Dr. Harris, that this Council do now adjourn to meet again at 8 o'clock this evening. Carried.

#### EVENING SESSION.

FRIDAY, June 15th, 1894.

The Council met at eight o'clock. The President, Dr. Philip, in the chair, called the Council to order. The roll was called by the Registrar, and the following members were present: Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Harris, Henderson, Henry, Johnson, Logan, Luton, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrugh, Ruttan, Thorburn, Vernon, and Williams.

The minutes of the previous meeting were read and confirmed and signed by the President.

#### NOTICES OF MOTION.

Dr. Bergin gives notice that he will, at the next meeting of the Council, introduce a by-law to provide the terms on which this Council will receive Matriculation and other certificates of the colleges and other institutions not in the Province of Ontario.

MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A  
PREVIOUS MEETING.

Moved by Dr. Harris, seconded by Dr. Williams, That no medical man, or any other person except the authorized officer, the Registrar, have access to the official examination lists of the Council, nor furnish the standing of any of the respective candidates on any subjects, or subject of the examinations, primary, intermediate or final, beyond the lists published in the papers. Unsuccessful candidates, however, shall continue to be notified as heretofore on the subjects on which they may have failed. Carried.

REPORTS OF STANDING AND SPECIAL COMMITTEES.

Dr. Bray presented and read report of the special committee appointed *re* lodge and contract practise:

The Special Committee appointed *re* lodge and contract practise beg leave to report that the communication from the General Secretary of the Ontario Medical Association, and of the London Medical Society, be acknowledged by the Registrar, and that they be advised that there is no provision made in this Act enabling the committee to deal with such subjects.

All of which is respectfully submitted.

JAS. HENRY,

*Per J. L. BRAY, Chairman.*

Dr. Bray moved, seconded Dr. Bergin, that the report be adopted. Carried.

Dr. Day presented and read the report of the Committee on Rules and Regulations:

*To the President and Members of the Council of the College of Physicians and Surgeons of Ontario:*

GENTLEMEN,—Your Committee on Rules and Regulations beg leave to report:

First, They met and organized and elected Dr. H. W. Day, Chairman.

Second, They had before them the tariff of fees for the fourteenth Division as passed and adopted by the Association formed in that Division. And beg to report that they recommend the Council to confirm the said tariff.

All of which is respectfully submitted.

HENRY W. DAY, *Chairman.*

On motion the report was received and referred to Committee of the Whole.

Council in Committee of the Whole. Dr. Johnson in the chair.

Report read clause by clause and adopted.

On motion the committee rose. The President in the chair.

Dr. Day moved, seconded by Dr. Bray, that the report of the Committee of the Whole on the report of the Committee on Rules and Regulations be adopted. Carried.

Dr. Johnson presented and read the report of the Education Committee:

EDUCATION COMMITTEE REPORT.

*To the President and Members of the Ontario Medical Council:*

GENTLEMEN,—Your Committee on Education beg leave to submit the following report on the various matters referred to them:

1. Aylen, Dr. E. D., of Montreal. Request to be granted.

2. Brown J., to be allowed to register as a matriculate of 1888.

3. Boyd, H. V. Request to be granted.

4. Bell, Dr. Jas., of Montreal. Registrar to send Dr. Bell copy of Dr. Bray's notice.

5. Barber, G. W. To pass Departmental examinations in subjects in which he failed.

6. Campbell, Geo. T. Request to be granted.

7. Copp, J. C. To pass the Departmental Examinations in subjects in which he failed.

8. Cunningham, W. F. To pass at Departmental Examination in subjects in which he failed.

9. Cameron, G. S. To pass at Departmental Examinations in subjects in which he failed.

10. Cooper, W. A. Request to be granted.

11. Davis, W. P. Request to be granted.

12. Davis, J. I. Registration to date from October 27th, 1892.

13. Delmage, F. W. Request to be granted on production of proof.

14. Dales, F. B. To be allowed to go up for primary examination in September, 1894. Need not take any summer session.

15. Easton, J. L. To take Latin at Departmental Examination.

16. Foster, Geo. Request not granted; must comply with the requirements of Council.

17. Findlay, E. D. Request not granted; must matriculate as Council requires and put in balance of necessary time in Ontario

18. Gray, Dr. Jas. Request not granted.

19. Graham, W. E. To pass at Departmental Examinations the subjects on which he failed.

20. Grant, Jas., of Beaverton. To pass in Latin at Departmental Examination.

21. Geddes, W. J. Registration to be dated October, 1892.

22. Hodgson, E. G. Request not granted.

23. Hardie, C. J. To be registered as matriculate. Must pass primary and final examinations.

24. Harper, W. S. Request to be granted.

25. Jackson, Geo. H. Request to be granted.

26. Johnston, E. A. Registration granted if certificates are satisfactory.

27. King, G. W. Request cannot be granted.

28. Linley, F. W. Request not granted.

29. Loxett, Dr. Received and read.

30. Letellier, A. Request granted. Registration to be dated 1893.

31. Morton, J. P. Registration as matriculate to be granted. Date of registration to be same as date of certificate.

32. Maw, H. To be allowed to register.

33. Manchester, G. H. To be allowed to register and take the examinations under four years' course.

34. Mason, W. P. Registration granted, subject to certificates being satisfactory.

35. McIntosh, W. A. To be allowed to register.

36. McNicol, W. J. Request to be granted.

37. McKenzie, R. To pass at Departmental Examination in subjects on which he failed.

38. McGhie, G. S. Request not granted.

39. McKillop, D. A. To be registered after passing the Latin at Departmental Examinations and primary and final exams.



40. Perry, P. W. To be registered.
  41. Pearce, S. Registration granted.
  42. Scott, H. W. Registration to be granted on passing the Departmental Arts Matriculation Examination in Latin.
  43. Stephens, W. Request to be granted.
  44. Watson, C. E., Toronto. To pass Departmental Examinations, and registration to be dated from November, 1893.
  45. Miller, W. J. C. Registrar to acknowledge receipt of his letter and forward him two copies of the announcement of the C. P. & S., and also list of matriculation subjects.
  46. Brosseau, Dr., of Montreal. Registrar to forward copy of Dr. Williams' motion.
  47. The recommendation of Dr. Campbell, *re* gentlemen to be passed, is hereby authorized.
  48. The list of Examiners appearing in the last announcement is hereby advised to be continued.
  49. That the registrar be authorized to make any clerical change in the announcement of 1894-95.
- All of which is respectfully submitted.

ARTHUR JUKES JOHNSON, *Chairman*.

#### REPORT OF BOARD OF EXAMINERS.

TORONTO, May 29th, 1894.

*To the Council of the College of Physicians and Surgeons of Ontario:*

GENTLEMEN.—By the regulations adopted last year (sec. 5, cl. 6), the Examiners have been relieved from the necessity of inspecting the Registrar's schedule of marks received by the several applicants for the license—that duty having devolved on the President. I have, therefore, to report to you the results of the professional examinations held in Toronto, in September, 1893, and in Toronto and Kingston, in April, 1894.

For the primary examination in September, 1893, forty-four candidates presented themselves, of whom nineteen passed and twenty-five failed—the percentage passing being forty-three per cent.

For the final examination, thirty-nine candidates presented themselves, of whom thirty-one passed and eight failed—eighty per cent. passing.

In April, 1894, 189 candidates applied for the primary examination, six of whom did not appear owing to illness, or for other reasons. Of the 183 presenting themselves, 94 passed and 89 failed—57 per cent. only passing.

For the final examination, 114 applied, but only 111 appeared. Of these 77 passed and 34 failed—69 per cent. passing.

The number of each candidate, with the marks obtained on each subject, will be found in the schedule of the Registrar—the number of marks in each case being taken from the schedule of the Examiner. The Registrar's schedule so prepared, has been examined by the President and certified correct.

The examinations, as usual, were made as practical as possible. In Anatomy, wet and dry preparations of the whole human body, with the viscera, bones and models were used. In Pathology, Histology and Therapeutics, microscopic and gross specimens were used. In Chemistry, practical work was required in the Laboratory. In medicine and non-operative sur-

gery, clinical examinations were held in the General Hospitals in Toronto and Kingston, and the Examiner in Midwifery and Medical and Surgical Anatomy used the subject, model, instruments, etc.

As the Board of Examiners did not hold any meeting this year after their work had been completed, there is no report from the Board as a whole. But the members were requested to submit any suggestion they might be disposed to make in connection with the examinations. In response the following recommendations are made and are referred to you for consideration:

By Dr. GARRETT—That the Examiners should be present when the pass list is made out.

By Dr. McDONALD—That the answers should not be accepted unless plainly written in ink. That diseases of infancy and childhood should be taken up as one subject; midwifery and diseases of women as another. That oral examinations should be conducted for three hours in the forenoon and three in the afternoon, twenty minutes being given to each candidate. That Examiners' remuneration should be increased.

By Dr. PETERS—That the subjects of Pathology and Therapeutics be divorced from each other, and that there be either two different Examiners or two different papers, or that Therapeutics be included with theory and practice; and that remuneration of Examiners be increased.

By Dr. JARVIS.—Certain modifications in the method of conducting the oral examinations.

By Dr. JONES—That candidates for passing should write in ink.

By Dr. SMALL—That a dispensing certificate should be required of applicants; that certain changes be made in the text-books.

The communications from these gentlemen, giving the reasons for their recommendations, are appended.

Under instructions given in sec. 5, cl. 10 of the regulations, I have to submit for your consideration the cases of candidates represented by the following numbers: 37, 38, 55, 62, 125, 159, 200, and 238. These parties failed in either primary or final examinations, in one subject, and generally by only half a mark, while in other respects passing a satisfactory examination. I would recommend that they be allowed the subjects of which they failed.

All of which is respectfully submitted.

CL. T. CAMPBELL.

Moved by Dr. Bergin, That the report be appended by adding thereto the following: That the parties who claim registration as students of medicine on certificates obtained prior to 1st November, 1892, and who have been recommended for such registration by the Education Committee of this year, should not be so registered until after their cases have been submitted to the Solicitor of this Council and fully considered and approved by him. Carried.

Moved by Dr. Bray, seconded by Dr. Logan, That the President and Registrar of this Council lay the matter of accepting certificates for matriculation in all its bearings before the Solicitor, and that the Registrar be guided by his advice. Carried.

Dr. JOHNSON—I may say that although these reports formerly specified on their face the nature of the application made by each gentleman whose name stands at the beginning of each clause of the report,



I have not adopted that plan, because of a number of letters which came to this committee, saying that a certain man who has such and such qualifications was allowed to register in such a way in the last report of the committee; and therefore the writers of the letters applied for something else which had nothing whatever to do with it; and it was thought, to avoid that, we would simply read the findings of the committee.

Dr. HARRIS—I think perhaps the other method is preferable, because the Council then are in full information, but with a report of this kind those members of the Council who are not members of the Education Committee, are not informed as to what these men apply for.

The President rules that Dr. Johnson may give a verbal explanation as the reading of the report clause by clause is proceeded with.

On motion the Council went into Committee of the Whole on the report of the Education Committee. Dr. LUTON in the chair.

The report was read and adopted clause by clause down to and including clause 29. After clause 30 had been read—

Dr. ROGERS—This gentleman says he has put in one year in Medicine; he must have put in Arts and Medicine together, because the certificate says that 1894 was his year in Arts.

Dr. JOHNSON—There are two: one is dated September 28th, 1893, and one dated April 25th, 1894. The first stating Matriculation Examination in Arts had been passed in Queen's University; the other, that First Year Examination in Arts, had also been passed there.

Dr. ROGERS—I wish to say a few words in regard to this matter; and I want to place fairly before the Council objections to his passing. The recommendation of the committee is that he be passed, I claim, in the first place, it is a violation of our present by-laws, and I shall ask your ruling, Mr. President, in regard to it. If you will look at the by-law in the regulations of 1893-4 for Matriculation you will see it says, "Every one desirous of being registered as a matriculated medical student in the register of this college, except as hereinafter provided, must on and after the first day of November, 1892, present to the Registrar of the College the official certificate of having passed the Departmental Pass Art Matriculation Examination, and, in addition, Physics and Chemistry, whereupon he or she shall be entitled to be so registered upon the payment of \$20, and giving proof of identity." The only other alternative is "Pass in Arts." That is a by-law of this Council. As I understand it, the report of this committee should not depart from our by-laws unless you have changed the by-laws by notice of motion, and in the regular manner. If you pass Mr. Letellier you are doing so in contravention of your own by-laws. This gentleman did not take the Departmental Arts Examination, but took the Matriculation Examination of Queen's University. My first point is, you cannot do this unless you have changed your by-law in regard to Matriculation. The Registrar has no power, even on resolution of this Council, to register this gentleman. In his own letter this young man says he has put one year in Medicine; therefore his certificate is no proof whatever. He does not state in his letter that he put in a year

in Arts. Nothing that he has got states that he put in a year or a day in the Arts at all. These certificates say he is an undergraduate—that is true; the certificate states on the back of it that he has passed these subjects—that is also true. But there is not a word in his letters or in the certificate he produces which states he has put in one day in Arts in the Faculty of a University.

Let it be distinctly understood that I have not one word to say against the Matriculation Examination of Queen's University. I have every respect for it, as I have every respect for the University which produces these certificates; but if the rule to allow one student to bring a certificate of matriculation from one University is accepted, then I say you must grant the same privilege to every University in Ontario. I say it is wrong; it is an injustice to Toronto, to Trinity, and to the Western University, to accept a student from the matriculation of one University and not grant the same privilege to the others.

The paltry excuse which this gentleman brings forward, backed up by no proof whatever, save and except his own word in the matter—the word of a student who wants to avoid an examination—is he says that Mr. Bell said so and so. Mr. Bell does not say so. You have no proof that Mr. Bell ever recommended him to pass the examination in lieu of the departmental examination in Arts. He may have advised him to pass the examination in Queen's, but we have no proof before us that he ever did so.

Therefore, I wish, in the first place, to object to this report in regard to Mr. Letellier, and if it is passed, I wish to put on record my protest against the acceptance of any certificate of Matriculation which does not come under the by-laws in regard to Matriculation. But I hope, for the sake of this Council and for the sake of the reputation which we have always heretofore had of maintaining our standard of matriculation—at least, not going back at all—that this clause in the report of the Education Committee will be struck out. I therefore beg to move that the clause of the report of the Committee on Education in regard to Mr. A. Letellier be struck out of the report.

Dr. JOHNSON—Before this is put, I might say that this is a case that is exactly similar to a number of others—cases of gentlemen who have misunderstood or who have been misled as to the examination that they should pass, and your committee consider they should not be punished for the error that they had unwittingly gone into, as the examinations are very much alike. As you have already accepted and allowed the registration of three or four of the same style of cases as this, you will, if this clause be changed, have to go back and change three or four of those we have already passed.

Dr. ROGERS—It is not my recollection, as a member of the committee, that the cases are exactly similar, but if I am mistaken in my understanding of the passing of any student, then I protest against any student being allowed to matriculate who has not complied with the by-laws of this Council in regard to matriculation. Pass my motion, and then we will go back to the others.

Dr. JOHNSON—This same question, and very much the same arguments, were threshed out before the committee. The motion on these remarks was put

to the committee, and the decision of the majority of that committee is the report that has been put in.

Dr. FOWLER—I may say that in regard to this matter that I was misled, too, in regard to the character of it. It is very natural when a change of this kind is made, that there should be a misunderstanding. What I understood was that the Arts matriculation of the University would be accepted, with the addition of Chemistry and Physics in lieu of the departmental Pass Art Matriculation Examination.

Dr. JOHNSON—If I may suggest, this is the only French Canadian who is up for examination, and some members of the committee did not think it wise, under those circumstances, that he should be dealt with any more severely than we have dealt with others from other universities.

Dr. FULTON—Has he an Arts degree?

Dr. ROGERS—No. He is a matriculate in Arts in Queen's University.

Dr. MOORHOUSE—What difference is there in the standing of the different examinations—the departmental examination and the examination that he has passed? Is the Arts matriculation of Queen's University the same as the departmental with just the addition of Chemistry and Physics?

Dr. LUTON—I believe that is all.

Dr. MILLER—There is a difference in the standard; that is, in the values of the papers.

Dr. LUTON—I might say that about a year ago a friend of mine matriculated at the Western University of London, and he and his father thought that was sufficient to register him here as a medical student. They came to me about it, and I gave them fully to understand that the matriculation examination of the Western university would not be accepted by the Medical Council.

Dr. FULTON—The irregularity here will, of course, be perpetuated in years to come. The irregularity should not be allowed in the beginning. The paltry excuses of mistake strikes me as not satisfactory. There seems to have been a disposition on the part of this Council to be very strict on certain matters and very much more lenient in others. I think, where that strictness has been used in every case, it would be well to continue it. I certainly would protest against irregularity.

Dr. MOORHOUSE—I am not satisfied with the chairman's answer. I understood this examination Mr. Letellier passed was the Arts examination of Queen's University—or is it the Matriculation Examination?

Dr. PYNE—It is Arts.

Dr. MOORHOUSE—That is a different thing. Our matriculation in Arts in the Western University is equal to the Toronto examination of the same standing, and so would be the matriculation in Arts of Queen's University.

Dr. LUTON—It is very plainly expressed in the rules and regulations that every one, without exception, who is desirous of being registered as a matriculated medical student in the register of this college, with certain exceptions, must on and after the 1st day of November, 1892, present to the Registrar the official certificate of having passed the departmental Pass Art Matriculation Examination, and in addition, Physics and Chemistry. The exception to this rule is, graduates in Arts in any University in Her Majesty's Dominion are not required to pass this examination,

but may register their names with the Registrar of the College upon giving satisfactory evidence of their identity, and certificate of qualifications, and paying a fee of \$20.

Dr. MOORE—I hold a certificate in my hand, dated Kingston, September 28th, 1893, which states that the applicant passed an examination in Arts at end of First Session of Queen's University.

That is not all. I have another certificate, which states he has not only done that, but he has attended another year in Queen's University, and he has passed, at the end of his first session, the examination required by Queen's University. On the back of this certificate which I present to you, and which I will read to you, is a certificate that he has passed the examination named on the other side of this, the following subjects: Latin, English, mathematics, history, geography, etc. Now, this man has not only passed the Matriculation examination in Queen's University, but he has done better than that. He has attended Queen's University for one session, and he has passed the examination required by that University at the end of that session. In order to gain admission to that University, he has to pass the departmental Arts Matriculation Examination, or pass their supplementary in the fall. Now, if he had passed the departmental Matriculation Examination, he would have been admitted to that University. He did not do that, probably, but he passed their supplemental examination in the fall—I do not know that that is the fact, but we will assume it is the fact—and at the end of his first year in Queen's University he passed all the examinations that would be required from a man who might have or who did pass the departmental Matriculation Examination and entered that University; therefore he must have been that much better man, plus whatever he passed; and these subjects upon which he has passed, he will never have to pass again until he gets his degree in Arts. He is that much better man than a man who might have passed the departmental Matriculation Examination, and therefore I contend that he is entitled to registration without a doubt.

Dr. ROGERS—I have made a statement and a very plain one; and I maintain this, that there is not one particle of proof in his letter or in the certificates to prove he ever put one day in Arts, and the certificates themselves, if properly read, will show that. I will ask the Registrar to read the letter and certificates.

Dr. WILLIAMS—I am satisfied with the explanation I have received, and I shall vote for the adoption of this clause of the report.

The CHAIRMAN—Is it the pleasure of the meeting that the Registrar shall read this letter and these certificates?

Cries of "No, No."

The CHAIRMAN—The voice of the meeting indicates that the feeling of the members present is, that it is not necessary that the letter and certificates should be read.

Dr. FOWLER—I think the explanation is, I know the young man, that he attended both Arts and Medicine at the same time.

Dr. LUTON—It is perfectly possible and is often done in the first year.



The Chairman put the motion to adopt the clause and declared it carried.

The reading of the report clause by clause was then continued.

Dr. Moorhouse asked whether Mr. E. A. McKillop would be allowed to go up for examination in the fall, and when he would have an opportunity of coming up for his Latin examination.

The Registrar stated that he would have an opportunity next month; that if he passed then he would complete his matriculation certificate and be entitled to come up at the fall examination.

On motion the Committee of the Whole rose, reported progress and asked leave to sit again.

The President in the Chair.

On motion the report of the Committee of the Whole was adopted, and leave granted to sit again.

On motion the Council adjourned at 11 p.m., to meet to-morrow morning at 9 o'clock.

### FIFTH DAY.

*Saturday, June 16th, 1894.*

The Council met at 9 o'clock, a.m., according to motion for adjournment, the President, Dr. Philip in the Chair.

The Registrar called the roll and the following members were present:

Drs. Bergin, Bray, Britton, Campbell, Day, Fowler, Fulton, Geikie, Sir James Grant, Harris, Henderson, Henry, Johnson, Logan, Luton, Miller, Moore, Moorhouse, Orr, Philip, Rogers, Rosebrugh, Ruttan, Thorburn, Vernon and Williams.

The minutes of the last meeting were read and confirmed and were signed by the President.

Dr. Harris moved, seconded by Dr. Logan, that the order of business be suspended for the remainder of the session of this Council. Carried.

Dr. Bray moved, seconded by Dr. Day, that the President, Vice-President and Dr. Campbell be the Executive Committee for the ensuing year. Carried.

Dr. Fowler presented and read the report of the Committee on Complaints:

#### REPORT OF COMMITTEE ON COMPLAINTS.

*To the President and Members of the Ontario Medical Council:*

GENTLEMEN,—Your Committee on Complaints would beg leave to report:

1st. That your Committee met on June 14th inst., when Dr. Fowler was elected chairman, and Dr. Miller, secretary.

2nd. That a letter from No. 278 was received, asking that his paper on Surgical Anatomy and Medical Jurisprudence be re-read. Said papers were re-read but your committee cannot recommend that any change in the Examiner's report be made.

3rd. The application of student No. 240 to have his papers on the "Practice of Medicine" re-read, was acceded to, but your committee could make no change in their values.

4th. That the papers of student No. 185 were re-read, but no change in the Examiner's report could be recommended.

5th. That the papers of student No. 278, on Medi-

cal Jurisprudence and Medical and Surgical Anatomy were re-read, but your committee cannot recommend any change in the values of either.

6th. That the communication of A. E. Murphy be referred to the Committee on Discipline.

7th. That the communication of A. Bouillon, M.D., was received, but the request cannot be complied with, the Council having no authority in the matter.

8th. Certain other applications referred to us have already been acted upon by the Council.

All of which is respectfully submitted.

FIFE FOWLER, *Chairman.*

Council Chamber, June 15th, 1894.

W. H. MOORHOUSE.

On motion the Council resolved into Committee of the Whole. Dr. Miller in the Chair.

The first clause of the report was read.

Dr. HARRIS—With regard to this report, it strikes me it may possibly conflict with the report of the Education Committee if we adopt this report. Perhaps Dr. Fowler could give some explanation, or perhaps Dr. Campbell could—I have not seen his report which was referred to the Education Committee; I was not with the Committee all the time they were in session. I do not remember seeing that report, and I do not know whether it was read or not; and the chairman of the Education Committee is not here; therefore I should like to know if it was read and considered in committee.

Dr. FOWLER—I was not aware until this morning, and it did not occur on any previous occasion, that the ex-President, Dr. Campbell, had reported on some of these cases. If I had known they were in his hands, I certainly should have consulted him before bringing in the report, but I was quite unaware of it.

Dr. CAMPBELL—I think I can explain that. For the first time, last year the Council changed the order of examinations, and instead of having the Board of Examiners meet a second time to go over the schedules, they relieved the Board of that duty, and instructed the President of the Council to go over the schedule with the Registrar and report; and he was instructed to report no one as passing, except those who had attained the requisite number of marks. But under another rule he was also instructed to report to the Council any case where a student had failed by one or two marks, or half a mark, or anything of that kind, any case he thought it advisable to report. In accordance with that instruction, I reported a number of cases simply by number; I did not know the names. The Committee of Education, to whom that report was referred, endorsed my recommendation that they should be allowed the subjects on which they had failed, some in preliminary and some in the final. In nearly every case the failure was only by half a mark; the candidates I had selected had made a good examination otherwise. The Council adopted that report last night. The Committee on Complaints now recommend that no change be made in the Examiner's marks. The Committee on Education have recommended certain parties to have their subjects allowed. These recommendations need not necessarily conflict; we can adopt both, because we do not change the Examiner's marks. With regard to those I recommended, it is a matter of



perfect indifference to me whether the Council allows them the subjects or not. I was simply carrying out my instructions to report them to the Council.

Dr. ROGERS—I think Dr. Pyne saw some difficulty in the matter.

Dr. PYNE—The difficulty is this, that some of the men who put in an appeal to the Council were indicated by the numbers that Dr. Campbell handed to the Education Committee in his report as the chairman of the Board of Examiners, and those very men have been told by Complaints Committee that they cannot make any change in the award of the Examiners, but they have to take the examination in September, while by the other report we pass them, and I would have to be instructed by the Council to tell them.

Dr. Harris moved, seconded by Dr. Rogers, that the committee rise and report progress, and ask leave to sit again. Carried.

The committee rose, the President in the chair.

On motion, the report of the Committee of the Whole was adopted, and leave granted to sit again on the report of the Committee of Complaints.

Dr. Ruttan moved, seconded by Dr. Harris, that there be an expert accountant employed in the future, as often as may be deemed necessary, to assist the Finance Committee in examining the books of the Treasurer and furnishing an accurate statement of the condition of the finances. Carried.

Dr. RUTTAN—In making this motion, I wish to say, that there are very few professional men that are expert accountants, and it is a very important matter that an accurate statement should be furnished to the members of this Council. There has been a great deal of talk about this matter, but so far as our own Treasurer is concerned I never saw a better one, nor never saw books more accurately kept. He is deserving, certainly, of the thanks of the members of this Council; but we must remember that keeping books is not his business. My opinion is, by having these accounts accurately examined by an expert, as well as by the Finance Committee, will be far more satisfactory to the Council and to the profession at large.

Dr. HARRIS—I wish to say, in seconding this motion of Dr. Ruttan, there is a clause there, "as often as may be deemed necessary"—it may not be necessary at all to ever employ an expert accountant. That would be left, I take it, in the discretion of the chairman of the Finance Committee, or of the committee itself; so that it can do no harm whatever, and it may not entail any expense on this Council at all.

Dr. THORBURN—Auditors are generally appointed to look after these things. Sometimes they are of service, and sometimes quite the reverse. I do not see any objection to this motion; and perhaps it would facilitate matters if some auditor could be called upon. The expense connected with an audit is usually very small; the auditors are paid generally by the amount of labor they do, or by the time employed by them on the work. It would not be necessary to have an auditor perhaps more than a couple of days in the year.

Dr. Thorburn asked the President whether he would name any one to act as auditor.

The President states that he will not, that he will leave it to the Finance Committee to make the appointment.

Dr. FULTON—I am in favor of this suggestion. The Finance Committee have to do a good deal of work

each session auditing the books, and I think they do it perfectly, as far as in their power, but it seems to me an accountant could bring out points of the books more clearly, and present those accounts more fully, as far as the financial situation of this Institution is concerned. The expense, as has been said, would be very trifling, and probably one term would be sufficient; if there was no new development, it would not be necessary to continue the employment of an expert accountant further.

Dr. BRAY—I think perhaps it might be a good thing, but at the same time we have no power to make this appointment. We may not be the Council next year, and we are appointing an officer to act for the new Council.

Dr. PHILIP—It might be necessary for him to act before this Council becomes *moribund*.

Dr. THORBURN—Another point is, it may give confidence to the profession, because a great many people are dissatisfied now, because they think we are spendthrifts.

Dr. ROGERS—I am perfectly in accord with the idea; and, as Dr. Thorburn says, it may give confidence to the public that everything is done to protect the interests of the profession.

The President put the motion, and declared it carried.

Dr. Bray moved, seconded by Dr. Logan, that the Registrar be directed to register all applicants for matriculation who obtained certificates required from this Council prior to the 1st November, 1892.

I move this as a direction to the Registrar. The Registrar has been doing this, and, according to the advice of the solicitor, he has to do it, but the Council has never instructed him to do so. The Registrar wants this as a direction from the Council. There is nothing irregular about it. The registration is being done, and has been done, and has to be done, because the solicitor thinks any one can compel us, under the circumstances referred to, to register them.

Dr. WILLIAMS—I do not know that I fully understand that resolution, but if I do, in my opinion, it is opening the door very widely. It means this, if I take it right: that whatever our standard was before 1892, that persons who held the requisite qualifications at that time are entitled to register now. I do not know that that is law. It may be law, but I somewhat question it. I would not like to question it as being law, if Mr. Osler said so, but I would have grave doubts that he had not looked into the matter. If that be true it is a very effectual stop to any advance we can make towards raising our standard of matriculation. We have taken the ground that in November, 1892, we would only accept a certain standard. I am not a stickler for people coming into exactly our formula; and I regret exceedingly that our formula is not such that matriculation at any of the recognized universities in this country might be accepted here, but, as a matter of fact, they are not accepted. Now we are asked to take a retrograde step. There was a time when we accepted a third class certificate. According to this motion, if I understand it right, any person who held a third-class certificate at the time we accepted third-class certificates, has a right to come forward and present his certificate, and we have got to register him. If that is law we have to submit, but I do not believe it is law.

There was a time when we accepted another examination, when we allowed the High School master in the City of Toronto to go in some hole in the corner and examine a student and give him a certificate. Are we obliged to go back and accept that too? I do not believe anything of that sort. I believe when we made the change in 1892 we had the right to make it, and that we have the right to stand by it now. And I think, if I understand Dr. Bray's motion, it is a very bad move.

Dr. PYNE—This question occurred before in 1887. In 1887 the Council made a change from the third-class non-professional Latin to the second-class non-professional Latin; and this very question came up at that time, and was considered by the Executive Committee in consultation with Mr. Osler, who said that where men in good faith had taken the examination laid down by the Council, he thought it would be arbitrary to exclude them because they did not present the certificate until after a certain date that they had not notice of at the time; and he recommended that all applicants who had a certificate taken under the regulations of the Council, though they did not present it, ought to be registered.

I may say I have been acting on that view ever since that time, but a question arose in the case of a candidate in the eastern part of the province, who had presented me with a certificate that entitled him to registration on these grounds—it was a first-class certificate, with the Arts Latin of Ottawa University; and I, of course, accepted him. Then, afterwards, the question was raised how he had become registered, because he had not presented the certificate in time. Again, I saw Mr. Osler, and he said, you have no right to accept that certificate as an officer of the College unless they so direct you, but I think the man has a right to registration.

Dr. WILLIAMS—Then, if I understand, any man passing matriculation in any university has a right to present a certificate taken out any time before we passed this regulation, and we must accept it.

Dr. PYNE—Yes. And it was passed by Statute before, not by by-law.

Dr. WILLIAMS—Are we to understand that the same applies to the third-class certificate, and that any teacher anywhere in the country who held a third-class certificate at that time has a right to come up and claim registration as a matriculate of this College?

Dr. PYNE—Yes.

Dr. BERGIN—I do not think that is law. What is the use of our passing resolutions raising the standard, if that sort of thing is law? I do not believe it is.

Dr. WILLIAMS—I will admit, in all frankness, that if a person had gone who, legitimately intending to come to this Council, had at that time taken the matriculation we required him to take, and that he, not knowing that our requirements would change on that first day, and was thrown out for a month or two, I would be inclined to look very differently on the matter. But now we are at least two or, I don't know but three or even five, years beyond the time when we accepted a third-class certificate, and it seems absurd to say we must go back and accept all third-class certificates because they happened to be held at the time we accepted it, some years ago. If he had taken that certificate with the express purpose of matriculating at this Council, and had come within a

month or two and had presented his certificate, I would look on the matter entirely different; but, after several years, for him to make up his mind that he wants to study Medicine, and then fall back on an old certificate that he had years ago, I certainly think is extremely ridiculous. I fully think where a man has matriculated, where that was the statutory provision, that the case is somewhat different. I think it is widely different—one was a statutory provision, and the other a provision of the Council, and I think they occupy different positions altogether. I think this is a very questionable resolution.

Dr. BRAY—How would it be if the Executive Committee, with the President and Registrar, called on Mr. Osler and laid the matter before him; and if it is law we have to abide by it; if not, the Registrar can refuse to register the applicants? With the consent of the meeting I will amend my motion, adding instructions to the President and Registrar to call on Mr. Osler and obtain and be guided by his opinion in the matter.

Dr. ROGERS—I might say I am in accord with the view Dr. Williams has taken in the matter. I was the person who raised the question with Dr. Pyne last winter, owing to a man who had received registration as a matriculate because he held a second class teacher's certificate and had passed the Latin examination last fall. I claimed it was an irregularity. It was a matter that came directly before me on account of his being a student; the matter was referred to Mr. Osler, and as far as my recollection goes, Mr. Osler told me when I saw him in Ottawa, immediately after, that the Council was not bound to accept it—that is, the Council was not bound by law to accept these matriculates. He said, "The Council has power to do so, but they are not forced to do so." That is quite a distinction.

The PRESIDENT—Did you see Mr. Osler yourself, Dr. Rogers?

Dr. ROGERS—I saw him in Ottawa myself about the matter; and we talked it over, I am sure, for about an hour. He said, "I think the Council are doing right to establish a standard; and I think they are not bound to accept those certificates."

Dr. LOGAN—I was seconder of this resolution; I seconded it because I was informed by Dr. Bray and by the Registrar that they had taken legal opinion upon this matter; and as I have holy horror of this Council having a law suit with anybody, and especially since we have had the opinion of Mr. Osler on the subject, I seconded the resolution.

Dr. WILLIAMS—A suggestion has been made by Dr. Thorburn which is, I think, a good one; and that is, that this matter be put in such shape that each case as it comes up shall be considered upon its merits. Obtain the advice of Mr. Osler if necessary; have the matter referred to the Executive Committee; put nothing on the books as a premium to these men to come up, but if they come up let each matter be considered on its own merits.

Dr. BERGIN—The Education Committee has recommended men as far back as 1882 to obtain registration, but it was also understood that the opinion of our solicitor was to be obtained, and if his opinion was, as some of us believe it ought to be, adverse to the claims of these gentlemen that they should not get registration. I would just like to call the atten-



tion of the Registrar to this, so that before dealing with anyone of these he could obtain Mr. Osler's opinion. If the opinion ascribed to Mr. Osler is correctly ascribed to him, and if that is the law, then I must say that I think there is an end to the usefulness of the Council; and there would be no possibility of our elevating the standard until the present generation dies out.

Dr. Bray withdrew his motion.

On motion of Dr. Harris, seconded by Dr. Campbell, the by-law to appoint a Committee on Discipline was referred to the Committee of the Whole to, be read a second time.

Council in Committee of the Whole. Dr. Moore in the chair.

Clauses 1, 2 and 3 were read and adopted.

On motion of Dr. Harris, the first blank in clause 4 was filled with the name of Dr. Day, of Belleville.

On motion of Dr. Campbell, the second blank in clause 4 was filled with the name of Dr. Bray, of Chatham.

On motion of Dr. Harris, the third blank in clause 4 was filled with the name of Dr. Logan, of Ottawa.

On motion, clause 4 as amended was adopted.

On motion, the committee rose and reported the adoption of the report. The President in the chair.

Dr. Harris moved, seconded by Dr. Ruttan, that the report of the Committee of the Whole, *re* the by-law appointing the Discipline Committee, with the blanks in the by-law filled with the names mentioned, be adopted by this Council. Carried.

Dr. Harris moved, seconded by Dr. Ruttan, that the by-law be now read a third time, passed, signed by the President and sealed with the seal of the College of Physicians and Surgeons of Ontario, and numbered as No. 63. Carried.

#### BY-LAW No. 63.

To appoint a Committee on Discipline, under and by virtue of the power and direction given by Sub-Section 5 of Chapter 121, 50th Vic., intituled, "An Act to amend the Ontario Medical Act," and enacted as follows:

1. The Committee for the purposes of said Section shall consist of three (3) members, of whom shall form a quorum for the transaction of business.

2. The said Committee shall hold office for one year, and until their successors are appointed, provided that any member of such Committee, notwithstanding anything to the contrary herein, until all business brought before them during the year of office has been reported upon to the Council.

3. The Committee under such Section shall be known as the Committee on Discipline.

4. Dr. H. W. Day, of Belleville, Ont.; Dr. J. L. Bray, of Chatham, Ont., and Dr. Geo. Logan, of Ottawa, Ont., are hereby appointed Committee for the purposes of the said Section for the ensuing year.

Adopted.

V. H. MOORE,  
*Chairman, Committee of Whole.*

Adopted in Council.

D. L. PHILIP.

The preamble of the by-law was now read, and on motion the remainder of the by-law was taken as read.

Dr. BERGIN—To give effect to the decision of the Education Committee, that none of these gentlemen who claim registration on certificates obtained prior to 1892 and which it was arranged should be submitted to the solicitor, I now move, as it is not incorporated in the report of the Education Committee, seconded by Dr. Moore, that the parties who claim registration as students of Medicine on certificates prior to the 1st November, 1892, and who have been recommended for such registration by the Education Committee of this year, shall not be so registered until after their cases have been submitted to the solicitor of this Council and fully considered, and their applications approved of by him.

Dr. WILLIAMS—I understand we did not complete the report of the Education Committee last night. If there is a desire to amend that report, it should be amended while we are in Committee of the Whole upon that report again. It is not necessary to make a resolution in Council now, and then in a few minutes go into Committee of the Whole and discuss the same matter.

Dr. MILLER—I think it simplifies matters very much to allow the portions of the report of the Committee on Education to remain as they are with reference to these, because the decisions or findings of that Committee may be all right when submitted to the solicitor. I think that the report might very well stand as it is now, with the understanding that this resolution is to be added subsequently, which will place the Education Committee in legal position.

Consideration of Dr. Bergin's motion deferred until the Education Committee's report is put in.

On motion the Council now went into Committee of the Whole on the report of the Committee on Complaints. Dr. Moorhouse in the chair.

The report was read and, on motion, adopted.

On motion the Committee rose and reported.

The President in the chair.

Dr. Fowler moved, seconded by Dr. Bray, that the report of the Committee of the Whole, *re* the report of the Committee on Complaints, be adopted. Carried.

Dr. Thorburn presented the report of the Committee on Property and, on motion, the report was referred to Committee of the Whole.

Council in Committee of the Whole. Dr. Rogers in the chair.

#### PROPERTY COMMITTEE REPORT.

*To the President and Members of the Council of The College of Physicians and Surgeons of Ontario:*

GENTLEMEN,—Your Committee on Property beg leave to report: That the College Building is in a fair state of repair, but we find there are some matters needing attention, such as the roofs of the building, and some other repairs, mentioned in the reports attached to this report.

The work recommended by your Council in June, 1893, and adopted by the Council, has been attended to satisfactorily, and all work done has been after tenders were invited for said work, the work being done by the lowest tenderer. All supplies for building have been procured after asking for tenders, and the lowest accepted.

We recommend that any repairs put upon the build-



ing be only such repairs as are absolutely necessary to be done to preserve the building and property.

We also recommend that the boiler and elevator insurance and the fire insurance be renewed when the same expires as formerly, the Treasurer being instructed to pay the premiums when directed by the President and certified by the Registrar as correct.

Regarding the question of changing the power used to run the elevator from water to electricity, while we believe a saving could be effected, we cannot recommend the change at present, as it would cost some \$1,200 to make the change.

The Committee received a letter from a party asking whether the Council would sell the present building. After careful consideration of the proposition, and from information procured from competent authority, we do not recommend that the proposition be entertained.

All of which is respectfully submitted.

JAMES THORBURN, *Chairman*.

Clauses 1, 2, 3 and 4 were read and adopted. Clause 5 was read.

Dr. MILLER—Before that clause of the report is voted upon, I beg leave to say that while I have always thought our building was not what it has been represented to be—a very extravagant expenditure, and a building altogether unsuited for the purpose—I yet think, in view of the liabilities upon it and in view of the cost of maintenance and also in view of the fact, which I believe to be a fact, that the building can be sold at a very considerable advance upon cost, thereby showing that the judgment of the promoters of this building was not much astray, that instead of disposing of that letter in so curt a manner, I am in favor of letting it be known that this building is in the market for sale, so soon as a suitable price can be obtained. The ground upon which this Council has hoped that the investment would be successful and hoped for a new rental, is the completion, at no very distant date, of the Court House buildings, and changes in the surroundings of that Court House. These, I think, are reasons why it should be understood that this building is in the market and is for sale. If you do that, we will probably be in advance of prominent individuals and wealthy men in Toronto, who possibly may be erecting buildings which would compete with ours for tenants in the immediate neighborhood of the Court House. If you take the course which I have submitted, we will be in a position to accept the first suitable offer; and from statements which I have heard made, I feel quite sure that we will have other offers in addition to the one; and from what I have heard respecting this offer, it is one which perhaps may be very much modified, providing we gave these people to understand that we were disposed to deal with them. Under these circumstances, Mr. Chairman, I would suggest that that clause be rescinded from the report, and one somewhat of this description be substituted: "That this Council will be prepared in the future to receive offers for the purchase of this building," or words to that effect. I have not prepared a paragraph for substitution, but I think that will afford material for discussion. On these lines I would suggest that the report be amended.

Dr. HARRIS—I, for one, beg to differ with Dr.

Miller. I think that no such clause whatever should be inserted in the report. I do not think we should, at this time, place this building up for sale. It has not been determined as yet whether it would be wise to sell the building or not. I do not see, and I have not seen, and I do not understand why anyone should make even that suggestion. We have a building here that is a credit to the Profession; it is one that any medical man throughout the Province or throughout the world, who is a Canadian, can point to with pride as one of the finest surgeons' halls in the world, if not the finest. I think it is a good investment, and I have always thought so. And I think the very fact that a building such as this Court House building is going up in the immediate vicinity, with the improvements which will eventually take place around it—perhaps a park between us and the new building—the property will increase in value, and I see no reason why we should ever consider the question of the advisability of selling this building. (Hear, hear.) I think it would be most unfortunate even to consider or put such a clause in the report, or let any medical man throughout Ontario or the world think we were a bankrupt institution.

Dr. MILLER—No, no.

Dr. HARRIS—It looks like it.

Dr. MILLER—Nothing of the kind. It is not an interpretation that can be placed on my words.

Dr. WILLIAMS—I would propose in substitution, seconded by Dr. Vernon, the words, "That your committee are of opinion that it is not judicious to accept of an offer for the sale of this building until after the election which is now provided for."

Dr. JOHNSON—I believe that we ought to look at the money that is invested in the building—money belonging to the Profession—as if it were our own. And I think if every member of this Council will look at this matter fairly in that way, they will not be inclined to sell the building at present. The building has been up only a few years; it is in a good state of repair according to the report of the committee, and it is likely to increase in value. If any one of us had \$50,000 in this building, and could sell it to-day for \$100,000, and could sell it in two years for \$150,000, would he not be justified in waiting? Now, that is the state of affairs to-day by expert testimony, and we are justified in waiting. I see what the difficulty is; the difficulty is in being conservative, and at the same time sufficiently progressive.

We have been accused of speculating in real estate. I do not consider there is any speculation whatever in regard to this building. If the gentlemen who wish to dispose of this building now would consider it from a financial point of view, they would find the building to-day costs to us as near as possible about \$200 a year; that is the difference between \$3,500 and \$3,300. Can we put up any building, or can we rent any building for our purposes that will not cost us more than \$200 a year? Can we sell this building and put the surplus money into any building that will not cost us more than that in rent? I think not. I believe at the bottom of the idea of parting with the building at all is the bugbear of the Defence Association; because, it may be said the Defence Association wish this building sold, and they are talking about our having dealt in real estate, and all that kind of thing. If you look at it, there is nothing else in it but wind;

there is no bottom in this at all. To sell this building now would be one of the worst speculations anybody could go into.

Dr. MILLER—Will you excuse me for rising again? I think there must be something more than proper appreciation of the remarks that have been made. It is unfair to misrepresent or misinterpret to this committee the remarks which have already been made. I, for one, have always maintained this building was a good investment, and I, for one, would not be so foolish as to insist upon or ask for the immediate sale of this building. I must protest against words being put in my mouth which I never used, and to an interpretation to my remarks which they will not bear. I mean to say I think it would be a proper thing, and a business-like procedure on our part to let it be understood that at such a time as the price may suit us we may feel disposed to sell this building; it may be in one year, it may be in two years, or it may be in three years. I wouldn't think of selling under the present circumstances, but I think we would not lose anything by letting the impression go abroad that we are disposed to sell at such a time as the price would be sufficient. I trust that now my position is understood.

Dr. HARRIS—I wish to say this: If we adopt that clause we will send the impression forth that we have invested in a building as a matter of speculation, and that now we are sick of it, a thing which no member, not even Dr. Miller, would say.

Dr. MILLER—If I could make a better bargain I would.

Dr. HARRIS—But you will convey that impression to outsiders who do not know all about the matter the same as you and I do.

Dr. RUTAN—Dr. Miller says he would like to advertise: "That whereas somebody else may come into this town and give me a great deal of trouble, and I do not know whether I can sell or not; I wish to advertise that on condition I get so and so, that I will throw up the sponge and hand it over to somebody else." That is the meaning.

Dr. MILLER—Wrong again.

Dr. THORBURN—I see several reasons why this clause should remain as it is in the report. In the first place, it was not put there without very full enquiries and consideration. We do not recommend the proposition that the property should be sold. We are not for sale. We are not a defunct nor dying body, except by fluxion of time. The idea of our erecting a building and going into speculation with different brokers around the city would be a curious condition of things.

Dr. FOWLER—I think it would harmonize all opinions if you would put in the two words "at present."

Dr. THORBURN—I do not want the words "at present." This is a good building, and it is an ornament to the Profession. It is a cheap building, and one that is going to improve in time. We are not bankrupt, that we have to run around and please somebody else, and say, you are quite right, we will change, we should not have done so; or that, to get the popular vote, we will sell the building, or do anything else equally absurd.

Dr. GEIKIE—I would like to add a word or two in favor of the views expressed by Dr. Thorburn and others who have taken the same ground. So far as it being a speculation, I consider the action taken by the

Council was the wisest thing anybody ever did; and to sell this building, or to hold it up to the first bidder, or the second or third bidder, would be a piece of unwisdom, to use a hard expression. Every year, as Dr. Thorburn says, the locality being the very best, the building is increasing in value, and will increase in value; and I am perfectly certain, in the course of a little while, the Profession will say, "Well, the Council got pretty well taken to task for doing the wisest thing that ever a public body did in the interest of the profession." I believe in keeping the building. We have a good thing, let us keep it.

Dr. MOORHOUSE—With all due deference to Dr. Miller and Dr. Fulton, who have spoken on the same subject before, I think it would be disastrous to us to let any such clause as that be presented in our proceedings, even if we could get the full value for the building. Another thing: you must remember that property now, not only in Toronto, but all over the world—Canada, the United States and all over Britain and Europe—is at a very low ebb. Business is unsettled and excited; and we all know that in ordinary fluxion of time things will come to their level, and property here and elsewhere will rise in value; and not only that, but in view of the very great alterations and improvements taking place, and being in the immediate vicinity of a building on which the city of Toronto intend to spend a million and a quarter of dollars, must add greatly to the value of this present building. And there is another point that I think, lastly but not leastly, we should consider—all institutions that are flourishing,—all educational institutions—are vieing with each other in the elegance of their surroundings; and I think it should be the pride of every medical man passing down the street to say, "There is the building of the College of Physicians and Surgeons—a fine building; they must be a very prosperous institution." It tends to impress the observer from outside countries, from the other side, with our importance and the dignity of the Profession which meets and presides over such a building. I, for one, would not for a moment, if the building were inferior, or if there was a bad foundation, or if it was likely to prove inadequate to our wants, take the position that I do. I would say, sell it at the very earliest opportunity, and get a better building. But to sell a good building and get an inferior one, I believe would be a retrograde step.

Dr. DAY—We have a building here which suits our purposes; and it is just the present depression of real estate that makes it for the present a little expensive, but not much so; it is not as expensive as it would be for us to rent another building, or to build another building, for our exclusive use, and have caretakers and all that to pay; because here we have a revenue coming in, with a prospect of that revenue increasing. The property is increasing rapidly. We have a good building here. If we build another building we will have to have it exclusively for our own use; and the caretaker, instead of taking care of offices in the building and bringing in his own revenue, will have to be paid by us; and we cannot get a caretaker much cheaper than the one we have.

This building is a suitable building; we are satisfied it is a good investment; and we are satisfied it is going to be a great deal better. If, at any subsequent time, the opinion of the Council changes, and they think it



is not suitable, let them sell it. We know we have an investment here that would bring twice what it cost us, or very nearly that amount. But if you want to sell it, if there is any reason why you should sell it, it is all right, you can sell it and make a good thing out of it. But, to my mind, we do not want to sell it at all. (Cries of No, No).

I cannot see for the life of me a reason why we should now put this building in the market for sale. I think it would be injurious to the value of the building; people would say: "There must be something wrong with it; those men have put up a good building there, and they can, at any time, take a large advance on their money, but there must be something wrong with the building; nobody else is selling real estate here; everybody is holding on; there is no property being sold now except by those who are hard up and have to sell, who have properties so heavily mortgaged they have to sell, or who cannot hold for some other reason."

I do not see why we should entertain the proposition to sell the building. I think it is wrong, and that it is derogatory to the interests of the Council, and injurious to the value of the building in every way. I think it would be unwise to say there is a building that is for sale; I do not think it would be judicious. If in four or five years from now the Council think they can sell and do better, I have no objection. But now I think it would be very unwise to even intimate that the building would be for sale.

Dr. BRAY—I move in amendment to the amendment that the report be amended to read "That the question of sale or retention of this building be left in the hands of the Building Committee, to take such action as may be deemed by them most advantageous to the Council and Profession."

Dr. BERGIN—I think we had better leave the report as it is.

Dr. HARRIS—I certainly think with Dr. Bergin that we should leave it as it is. Putting these amendments referring to the sale of it at all on record should not be. I think it is unfortunate that we should have these amendments at all. We should vote for the motion to adopt the report, and carry it too.

Dr. WILLIAMS—I would like just to say a word; and I do not want to say it too strongly. My particular reason for making my motion is that I believe it might become a question with the Council whether or not it is advisable to sell after the next election. You all understand that upon the results of the next election depends whether or not the members of the Profession throughout the entire province shall contribute anything towards the Medical Council. If it should be the fact that the Profession at large contribute nothing towards the support of the Council, it may be a question then for the Council to consider whether or not it is advisable to dispose of this building. My motion was intended to defer any action until after we know the wish of the Profession throughout the country as presented by their representatives when coming here. That was my idea in the matter. I say frankly that I do not think at the present it would be a wise thing to sell the building, or to entertain a proposition for its sale. At the same time I wouldn't like to take such a position that I would say to people looking for a building of that kind, "We never would sell." I do not want to drive them away;

I want to let the matter be quiet until after we know what the representatives coming from the electors throughout the entire province have to say about it; and if they say we won't contribute a cent of our annual fees, then I think the Council would be in a position to decide better what they should do with the building.

Dr. DAY—Why not leave it as it is in the report?

Dr. WILLIAMS—The only objection I have to the original motion is that I would take the inference from it that it would be rather telling parties who are looking for such a building that we never would sell, and they may go and buy somewhere else.

Dr. BRAY—In making my amendment, I had no reference at all to the agitation that has existed in this province as to this building by any means, but spoke from a purely business point of view. If the committee, during the next year, or any time, receive an offer that would be a very advantageous one, whereby the Council should make \$50,000 or \$60,000 out of this investment, it would go to prove that the gentlemen who originated this building had done the very best thing they could for this Council, and that it had, as they expected it would, become remunerative. I am very much of the opinion of Dr. Williams in regard to the first motion—that it binds us not to sell this building or to receive any offers or anything else. I do not think we should do that as a body of business men.

It is not because there is any agitation that I am taking the view I do on this matter, for I do not think that agitation amounts to anything, because the agitators know nothing about it. This is a fine building, and a building that reflects credit on its promoters, and a building that ought to be a credit to the Profession; but, at the same time, if we can sell it now or in a year, or five years from now, at a price whereby the Council can reap a great deal of benefit from it, do not let us put ourselves into the position that we cannot accept an offer. That is the reason why I want to leave it in the hands of the Property Committee.

Dr. CAMPELL—I do not think the case is understood. We are not binding ourselves by adopting the clause of the report. A proposition has been made to buy the property; we say we do not think it expedient to accept the proposition. That does not say we are not going to accept the next. The whole matter is on the one proposition; the Committee say, we do not think it expedient to accept that proposition. We are at perfect liberty to accept the very next proposition that comes up, if we want to.

Dr. BRAY—Has there been an offer made.

Dr. THORBURN—No. There has been no offer made. It is merely an enquiry; they merely asked whether we would sell it, and what rentals we receive, how much ground we have, and how much it cost us; and there is an addendum to it: "I will expect my commission."

Dr. DAY—It is a fishing enquiry that I think would put us on a bad basis. It is that proposition we are reporting on.

Dr. THORBURN—It is more in the shape of an enquiry from a broker than a *bond fide* offer from an intending purchaser.

Dr. DAY—It asks us to show our hand. The report recommends that the proposition be not entertained.



DR. MILLER—At present.

DR. DAY—They do not say they will offer it at any other time. We do not say that no proposition shall be entertained, but that that particular proposition shall not be entertained.

DR. WILLIAMS—With the consent of my seconder I will withdraw my resolution.

DR. THORBURN—Everybody in Toronto understands these matters very well. Persons get letters from some of these men asking whether they will sell a certain building; and then the first thing you know they say they have an offer for the building, and they run around from one shop to another endeavoring to make a sale. I think it would be a most lamentable thing to offer it for sale.

DR. ROSEBROUGH—I do not think that this Council by any action they may take can tie the hands of the new Council.

DR. BERGIN—As I understand Dr. Bray's motion, the object of it is to leave the action of the Building Committee perfectly free.

DR. BRAY—Untrammelled.

DR. BERGIN—So that this Council by any motion it makes now may not interfere with the Property Committee in the disposal of this building. I may say that the motion I made yesterday, and which was adopted by the Council to add two more members to the Property Committee, was for the purpose that we might have the widest and freest discussion of this question should the Council at any time propose to entertain any offer made for the purchase of this building. And this motion and Dr. Bray's will not place the matter any more surely in the hands of the Property Committee than it is now. And with regard to adding the words "at present" to the report of the committee I must dissent from Dr. Miller; I do not think that we should put those two words in at all, because if they are added the meaning of the report of the committee will be entirely altered; and it will be suggesting to gentleman like the one who wrote that letter to ask whether we would sell this building, wanting to get all the particulars with regard to the construction and erection and revenue derived from this building from us, so that they may hawk all this information around the city and see if they cannot get some one possibly to make them an offer so that they may get a commission. It is not a *bona fide* thing at all; and we do not want to send to the world that we are going to sell this building, for we have no intention of doing it. (Hear, hear).

DR. MOORE—I must say I cannot agree with Dr. Bray's proposal. I do not think this building should be sold, or that it should be left even in the hands of the Property Committee to dispose of it. As much as I admire and as much confidence as I have in that committee and its members, if I were a member of that committee I would never sell it, or be a party to selling it without the full Council agreed to it, and therefore I must object to leaving it in the hands of the committee to sell.

Dr. Bray withdrew his amendment and the chairman put the original motion for the adoption of the report, which was carried.

DR. LOGAN—Before the committee rises I wish to have my name struck off the Building Committee and the name of Dr. Henderson substituted. I was not aware that Dr. Henderson had formerly been on this

committee, but it appears he was, and I have no desire whatever to take his place on that committee. He is one of the original founders of this building; in fact I know the idea of putting up this building originated with Dr. Henderson. For those reasons I shall be most happy if the Council will consent to have my name removed from that committee and Dr. Henderson's name substituted.

Dr. Bray moved, seconded by Dr. Harris, that Dr. Henderson's name be substituted for Dr. Logan's name on the Property Committee at the request of Dr. Logan. Carried.

On motion the committee rose and reported. The President in the chair.

On motion the report of the Committee of the Whole *re* the report of the Property Committee was adopted.

Dr. Day presented and read the report of the Discipline Committee as follows:

*To the President and Members of the Council of The College of Physicians and Surgeons of Ontario:*

GENTLEMEN,—Your Committee on Discipline beg leave to report that they met and organized, and elected Dr. Henry W. Day, Chairman.

All of which is respectfully submitted.

HENRY W. DAY, *Chairman Discipline Committee.*

Moved by Dr. Day, seconded by Dr. Bray, that the report of the Committee on Discipline be received and adopted. Carried.

On motion the Council went into Committee of the Whole on the report of the Education Committee.

Dr. Luton in the chair.

The Chairman stated that all the clauses of this report had been adopted except clause 46 relating to reciprocity.

On request of the members Dr. Bray read his proposed motion on this subject as follows:

Moved by Dr. Bray, seconded by Dr. Bergin, That inasmuch as the College of Physicians and Surgeons of Quebec having established a Central Examining Board for the purpose of granting licenses, and with a curriculum equal to that of Ontario, be it Resolved, that any person who has passed such Examining Board, or who may in future pass such Examining Board, and has or shall become registered in the Province of Quebec, through such examination, and not by virtue of a Degree, received and presented, from any University to such Board, shall, after having been domiciled in the Province of Quebec for at least five years prior to the passing of such examination, on presentation to the Registrar of such certificate of registration, together with proofs of identity, and a declaration from the Registrar of the College of Physicians and Surgeons of Quebec, that such registration was obtained by examination only, shall be placed on the Register of the College of Physicians and Surgeons of Ontario, providing that the same privilege is accorded by the Province of Quebec to those holding similar certificates from Ontario.

Dr. Williams moved in amendment, seconded by Dr. Thorburn, that the clause be struck out and the following substituted therefore:

Your Committee have had under consideration the

communication from the Registrar of the Province of Quebec looking to reciprocity of registration, in which it is represented that registration in that Province may be obtained by examination conducted by the Medical Council, or on the presentation of a diploma obtained from any of their Universities. And that the formula of their diploma had in the past been identical, rendering it impractical by that document to distinguish between those obtaining registration by examination and those by the possession of their University diploma. As these latter, under Section 26 of our Medical Act, could not comply with our requirements to obtain registration, their Council have decided to change the formula of diploma so that it may be made clear as to those obtaining registration by examination, and to ask for reciprocity in those cases.

Your Committee are anxious that Inter-Provincial Reciprocity be brought about, and to that end would recommend that copies of our requirements for matriculation, and for one full medical course, be sent to the Registrar of the Province of Quebec, and that it be pointed out that our Act does not permit of our adopting reciprocity until their curriculum shall both, as to matriculation and period of professional study and education, be adjudged equal; and on proof that the Province of Quebec is prepared to admit our registered practitioners on the same terms,

Your Committee would advise that on coming to any understanding with the Province of Quebec in this matter, that the privileges be extended to practitioners of not less than five years' standing in their respective provinces. Adopted.

Dr. ROGERS—I beg to move, seconded by Dr. Moorhouse, an amendment to the amendment.

That Dr. Brosseau be replied to by the Registrar as follows:

"The Ontario Medical Council desires to place before the Quebec College of Physicians and Surgeons the fact that under Section 26 of our Ontario Medical Act, as soon as the Quebec Medical Act is changed and a Central Examining Board is established, which shall be the sole examining body for the granting of licenses to practise Medicine and Surgery in the Province of Quebec, and as soon as such Central Examining Body adopts a standard of examination and matriculation in every particular equal to that now in force by the Ontario Medical Council, then reciprocity must be adopted between these two provinces respecting medical registration.

"That the Ontario Medical Council wishes further to state that they are very desirous that reciprocity between the provinces be established respecting medical registration."

Ruled out of order.

Dr. DAY—I think if Dr. Rogers would read section 26 of the Medical Act he would see that that ground is all covered by legislation. (Reads section.)

Dr. BERGIN—I rise to a question of order. I take the ground that this is no amendment to Dr. William's resolution; it is practically the same amendment in other words, and is almost a copy of Section 26 of the Medical Act. It is not in order, and I ask your ruling on the question before anything more is said.

The Chairman ruled that Dr. Rogers' proposed amendment to the amendment was not strictly in order.

The Chairman then put the amendment and declared it carried.

Dr. BERGIN—Before the committee rise I desire to move the amendment, of which I have given notice, and which I read a little while ago, that the report be amended by adding thereto the following; "That the parties who claim registration as students of Medicine under certificates obtained prior to the 1st November, 1892, and who have been recommended for such registration by the Education Committee of this year, shall not be so registered until after their cases have been submitted to the solicitor of this Council and fully considered and approved of by him."

Dr. WILLIAMS—That is a resolution put in a very broad way. We ought to know to what cases in the report that resolution applies. At no time when I was at the committee—I admit I was not there on all occasions—was I aware that any case came up that claimed registration because of some old standing they had; they certainly did not while I was there, and if there were such claims made at some other time I would like, as well as other members of the Council, to know who those parties are and what their claim was.

Dr. BRITTON—To pass that resolution would be taking a very singular course. The Committee on Education have acted earnestly and have looked into the cases carefully. The cases referred to were recommended to us; not only recommended to us, but the particulars on each request were given; and we entered into the merits of each case, and devoted considerable time to the discussion of several, and arrived at our conclusion; and it would be a most singular course for us now to take if we pass a resolution to refer the whole matter to the solicitor to say whether we were acting within the legal interpretation of the Medical Act to do as we have done. I am perfectly satisfied it was within our jurisdiction to do as we have done; and we have not acted contrary to the line which has been followed by this Council on former occasions; therefore, I do not think the resolution should pass.

Dr. GEIKIE—I understand quite well what Dr. Bergin intends in the matter, but I think it is open to objection in this way: it seems to delegate to the solicitor the functions of the Council; it appears so to me, and it would be a bad precedent to follow, because if you take the solicitor's opinion in regard to one action of the Council, why not have his opinion taken upon every matter.

Dr. MOORE—It should be taken on every legal matter.

Dr. GEIKIE—So we have on points of law.

Dr. BERGIN—This is a point of law.

Dr. GEIKIE—I would have less objection to it if it had been a motion to ascertain from the solicitor whether candidates claiming registration before November 1st, 1892, and who have complied with the requirements up to that date were thereby entitled to registration.

Dr. BERGIN—That is the very question we are to submit to him. I have been asked for an explanation by Dr. Britton, who always speaks carefully and clearly. I may say to him, that this has been done



with the sanction of the Committee; that I submitted it to the Chairman before presenting it to you; and that there were a number of cases—I shall satisfy Dr. Williams and Dr. Britton in a moment—dating back as far as 1882 of gentlemen claiming registration; and the question was thoroughly discussed here in this Council, and I think the conclusion came to was that gentlemen who did not take advantage within a reasonable time—and I think Dr. Williams, himself was the man who gave expression to his opinion—after they were qualified to demand registration should not take advantage of it now after ten years. These are the cases that we propose to have settled by the advice of the solicitor of the Council as to whether they are legally entitled to registration. And when these names were submitted to the committee and it was resolved to let them have registration, it was well understood that the question was first to be settled by the solicitor of the Council as to the legality of it. This resolution is merely moved to give effect to the understanding that was arrived at before any of these names were passed on by the committee; that is the sole object.

The motion was here put by the Chairman and declared carried.

On motion the committee rose and reported. The President in the chair.

Dr. Day moved, seconded by Dr. Moore, that the report of the Committee of the Whole *re* the report of the Education Committee be received and adopted. Carried.

Dr. CAMPBELL—I beg to move, seconded by Dr. Johnson, that the judgment of Mr. Justice Rose in the appeal case of Samuel Howarth, druggist, be printed in our proceedings. This judgment has been placed on the desk of every member, but probably every one has not read it. I have read it over, and it seemed to me a most important judgment and one that should be read by every member of the profession; for that reason I propose that it be printed in our proceedings. It is a judgment on the question as to the legality of a druggist prescribing medicine. Carried.

Dr. Rogers asked for information as to the date of the next meeting of the Council.

At the request of the President the Registrar stated that the regular meeting would be in accordance with the present by-law; that the by-law provides that the annual meeting shall be held on the second Tuesday in June of each year.

Dr. BERGIN—Mr. President, I beg to move, seconded by Dr. Moore, that this Council has learned with great regret that Dr. Day, who has so very many years represented the Quinté and Cataraqui division, is about to retire from this Council, and this Council desires to place on record its high appreciation of his services to the College and to the Profession and to the public. I do not think this motion needs any words of mine to commend it to the Council. All who have witnessed his unsparing efforts, his industry and his ability as chairman of the Discipline Committee will recognize at once how great the value of his services to this Council has been; and I am sure that I express the feeling of every member of the Council that it can ill-afford to lose Dr. Day; and we all regret exceedingly that the necessities of his position are such that he must sever his connection with us.

Dr. MOORE—In seconding that resolution I can only

add my quota to what Dr. Bergin has said. Dr. Day has discharged his duties here with singular ability. He has been faithful, probably one of the most faithful members this Council has ever had. As Chairman of the Discipline Committee he has discharged his duties in a manner which called forth from the greatest barrister and counsel in this Province, Mr. Osler, Q.C., very commendatory remarks. I believe that Mr. Osler did name him the Chief Justice of this Council. And one of the members said we did not want to lose him because he was not only a doctor but a lawyer as well—an able counsellor, a wise legislator, a fair enemy and a warm and generous friend. This Council can ill-afford to lose so valuable a member, and I trust he will see his way clear to remain with us, and if not for the next five years, at least to return at a very early date.

Dr. RUTTAN—I have known Dr. Day from boyhood. I have known him from his student days. And throughout his whole life his character has been unimpeachable in every respect. As a member of this Council he has always, as far as my observations have gone, shown the most marked ability; his opinions have been well thought of; and the confidence of the Council has always been reposed in Dr. Day. Every position he has filled has been filled by him with very great ability, and it is with extreme regret that I learn he shall be obliged to withdraw from this Council. I had hopes in my division that Dr. Day would be re-elected in No. 14, and it was not my intention to have returned again to this Council because I preferred that he should be elected, and I did everything I could to encourage him to be elected; and it is only because it is impossible for him to undertake the duties that I have consented to contest the constituency.

Dr. MILLER—Being with one exception the youngest member of this Council, I think it is very proper that I should bear witness to my experience of the work which Dr. Day has done in this Council since I have had the honor of a seat here. I had not had the pleasure of his acquaintance before I came here. I must say that, from day to day and from session to session, I have come to admire more strongly than before his indomitable perseverance, his very great industry, and the exceeding skill with which he has conducted such matters pertaining to this Council as have come within his jurisdiction. Were I likely at all to be in the Council next year I should miss him exceedingly, and for the sake of the new Council I must regret exceedingly, the absence of the "Chief Justice" from the deliberations of this Body.

Dr. BRAY—It is with mixed feelings of pleasure and regret that I rise to say a few words on this occasion. I feel pleasure at having the privilege of bearing my testimony to the many good qualities that Dr. Day has, and for the very able manner in which he has discharged all his duties as a member of this Council, and more particularly as chairman of the Discipline Committee. Nobody except those who have been associated with him on that committee knows the amount of work he has performed and the way he has performed it; and the results attained by that committee have been sustained not only by this Council but by the courts of justice. It is with feelings of regret that we are to lose his services; and I say, without disparagement to any other member of this Council, that I believe we are losing in Dr. Day



one of the best members that ever sat in this Council (Chamber. It has been my pleasure to sit with him for the last fourteen years; and during all that time, while he may have differed with us, as we might all differ, in minor matters, yet in the great and important matters that come before this Council, Dr. Day has generally been on the right side; and his advice has been good. I assure you it is with the most extreme regret that I have learned that Dr. Day will not be a member of this Council in the future.

Dr. GEIKIE—As another old member of the Council, I would just rise to contribute my quota of expression of great regret on learning that Dr. Day is no longer to continue as a member of the Council. Of course I do not know who may be here during the next Council, or who may not, but I know if Dr. Day is not here the Council will suffer a great deal. I would not like to be one of those who would make him feel that his honors, even before he leaves Toronto, had become so tight for him as to compel him to get a new suit—to extend him to such an extent that perhaps he might have to retire to some of the private rooms and send out for a ready made suit. I do not think anybody can say anything too strongly in regard to Dr. Day, or the strong common sense that has characterized Dr. Day's services to the Council. We have sat here by day and by night, and even at night, when we have been discussing things, when he was with us it was always "day." (Laughter and applause.) I am very sorry indeed that the Council are going to lose the services of Dr. Day, because I have observed his constant effort appeared to be to bring a sound and correct judgment to bear in cases of difficulty, in cases where his peculiar attribute was most needed; and it makes me think more, if I could think more, of the acumen of our solicitor when he dubbed him "Chief Justice Day." I am very sorry the Council is going to lose him, whoever is here or whoever may not be here, our chief law officer—or rather our chief second law officer—because I know Mr. Osler considered him a good assistant; and I know this Council will lose, in losing Dr. Day, one of its most valuable and most valued members.

Dr. LOGAN—Something like fifteen or twenty years ago I took an active part in opposing Dr. Day's return to this Council. We then had Dr. Irwin in, if I remember correctly; and in consequence of a difficulty that arose we had to determine who should have the position of the Chair in this Council; and at that time I took sides against Dr. Day simply because I did not know him then and I did know something of Dr. Irwin, a gentleman of whom, then, I had the greatest respect and as to whom I have never had occasion to change my mind. But since that time, and since Dr. Day has been here, I have learned to respect and to love him. I have been intimately associated with him on the Discipline Committee and there discovered, in addition to his peculiar legal construction of mind, that he also possessed the true elements of a gentleman, and on every occasion that I have had anything to do or say with him he invariably acted true to this characteristic. And I wish to assure this Council that I know of no other member of it—and I have nothing against any member of this Council—whose absence I shall regret more than that of Dr. Day.

Dr. BRITTON—Mr. President, if the gentleman to whom these remarks are directed will allow, I will in-

dulge in just a little bit of criticism; I will tell him and this Council what I think about him. Physically and mentally I will criticize him as the *fortiter in re*, tempered a little by the *suaviter in modo*; and I think his determination and his energy and his loyalty to this Council and to this Profession at large, have been so strong and have been developed to that extent that we may well express our regret that he is leaving us.

Dr. WILLIAMS—I was not in the room when that resolution was read, but I was attracted by the pleasant sounds coming from it when a piece away, and I hastened to enjoy part of it. I can only add my testimony to the remarks that have been made by some others and say that perhaps no member of the Council is more highly appreciated than Dr. Day, who is appreciated by, I think, every member of the Council. I have been present since Dr. Day came into the Council—not his first time but the last time—which would be about fourteen years ago perhaps; and we have always found that he has been very calm and considerate and straightforward in his judgment; and I think perhaps some of the remarks made by Dr. Britton are not without a share of truthfulness. And I, as well as Dr. Geikie, have been pleased to feel that we have a man in the Council that the lawyers of this city have seen fit to call our Chief Justice. And I can say more: we have had reason to believe that that remark was made not without its having some force; that the gentleman to whom it was applied really had a judicial mind and was able to use it on suitable occasions. I very much regret indeed that Dr. Day is not to be present in the Council after the new elections; and if we do not have him as a co-worker in the Council the Council can be assured that they will always have a warm friend in Dr. Day; and I also wish to say that Dr. Day will always have warm friends in the old associates and old members of the Council who have been in with him. (Applause.)

Dr. HARRIS—Very much has been said and I would just rise to agree with everything that has been said. Nothing too good, nothing too complimentary could be said of Dr. Day. He and I have been very intimately associated ever since I came on this Council and I have had many a time very good advice from him; and I know I fully realize the fact, as we all do, that we will lose one of the very best men that ever had a seat at this Council Board when Dr. Day leaves us; and not only will we feel the loss but the whole Profession, from one end of the country to the other, will miss his valuable services in their behalf.

The PRESIDENT—I put this motion to the Council with a good deal of pleasure, and also with some degree of regret; I say with pleasure because we have had the opportunity of allowing members of the Council to express their unqualified admiration and love for Dr. Day; with regret that we should no longer have his services, at all events for the present. I feel myself, if I come back to the Council this year, that I shall miss one of the most valued friends I ever had. I have had the pleasure of being with him since I joined the Council some ten years ago, and not only in this Council but outside of it; and I can only say that the friendship I feel for him I trust will endure during my life. I consider Dr. Day is one of the most able men in the Council, a faithful friend and the most

strict in the performance of his duty that I have ever met.

The President here put the motion which was carried unanimously by a standing vote, and tendered the resolution of regret to Dr. Day.

Dr. Day arose amid applause and said: Mr. President and Gentleman,—I am sure it affords me a great deal of pleasure, after the considerable length of time which I have sat in this Council with the present members, to hear so many pleasant things said of me; and while we have had a great many discussions, not angry discussions or discussions that were not necessary—though some of you may think that during the last fifteen years we have had some that were unnecessary, some irritating discussions—yet I will assure you they were nothing compared to what we had in my first term of office in this Council between 1869 and 1872. At that time the three bodies, the allopaths, homoeopaths and eclectics, came in to make a joint Council—some of you may know the difficulty of mixing mercury and chalk; we used to grind it in water—and as it was hard to get the mercury and chalk to unite, so it was pretty hard to get those three elements to unite, in 1869.

I must say, since I have been in the Council with the several members here, that our annual session of this Council has been the most pleasant week of each year that I have spent. While the work has been hard, the association has been pleasant; and I have learned to appreciate and respect every member of this Council; and I feel very great regret indeed that I am going to leave it now. I could not very consistently offer myself as a candidate, being now as I am absolutely out of the profession except in occasional consultations. I would not think of offering myself for the riding in which I live. I thank you very heartily for the extremely kind resolution you have passed; and I shall always cherish the memory of this Council as the dearest I have.

Dr. BRITTON—I have another resolution to move; and I shall preface it with a very few words. Another member of our Council, Dr. Miller, is about to retire; and we shall miss him very much. The more one knows him the more he is appreciated for his kindness, faithfulness and honesty of purpose. I now beg to move, seconded by Dr. Geikie, that this Council with sorrow learn that Dr. Miller is about to retire, and sincerely hope that at some future time he may see his way clear to once more take part in our deliberations.

Dr. GEIKIE—in seconding the motion I will just say, that I have known Dr. Miller long enough to respect him sincerely; he is an earnest worker of the Council and an earnest and warm friend of the Profession; he has gained, I think, the respect of all of us—he has mine at all events; and I am sorry to lose him and sorry that the Council should lose him at all. But when I learn that his health is not as good as he would like it to be, that is one other reason why, with very great regret I hear of his retirement; and I can only hope that in the future his health may improve to such an extent that at a subsequent election he will come forth and return to where he has during the last five years done good service.

Dr. MOORE—I would also rise to add to the already complimentary remarks made regarding Dr. Miller. It is true he has not been a very long time with us,

but the length of time he has been with us has taught us to admire him more, day by day. I am sure we have all admired his honesty of purpose, his keenness of perception, his matured judgment and his kindlier nature, and I am sure that every member of this Council trusts that Dr. Miller's health will so improve that he will see his way clear to come back as a member of this body in the near future.

The PRESIDENT—I am sure those who have spoken in reference to Dr. Miller have expressed the feelings of the whole Council. He has endeared himself to the members of this Council by his character and sterling, upright honesty of purpose ever since he joined us. I regret that circumstances of peculiarly unfortunate character in some respects should necessitate his retirement at the present time from the Council, and I am sure all our sympathies are with him.

Dr. BERGIN—I desire to add a very few words to what has been said by the previous speakers on this resolution. I wish to convey my heartiest sympathy and say that Dr. Miller may feel assured, that though he has not been so long in the Council as many others have been, we will feel his loss keenly, should he not come back to the Council.

The President here put the motion, which was carried unanimously by a standing vote, and tendered the resolution of regret to Dr. Miller.

Dr. MILLER—Mr. President and Gentlemen: The resolution that you have been kind enough to pass with reference to me, was quite proper and was the proper thing to do in the case of Dr. Day, who is an old and valued member of this Council—one who has rendered services second to those of no other member of the Council present; but a resolution such as you have now passed and which has been received with such cordiality and with such extreme kindness, altogether undeserved, on the part of the members of this Council with reference to myself, was something which was not necessary to be done. I have been but a comparatively short time a member of this Council. I regret the circumstances, which are beyond my control, which have decided me, as they have decided some of my medical friends in recommending me, to withdraw. I have been here long enough to have made acquaintances and to have contracted ties which will be long remembered in the most pleasant manner. My association with the members of the Medical Council during the past three years, has been one of the most pleasant events of my life; and it would have afforded me the very greatest pleasure, had I been able to see my way clear to offer myself for re-election to this Council. I have been associated with gentlemen here who have, one and all, had the best interests of the Profession at heart; they have all entered with one object in view, and their intercourse one with another has been one of the most satisfactory character; and I trust that it will long continue to be characteristic of members of this Council, that they will endeavor first of all to promote the best interests of the Profession, that they will learn to look upon one another in the manner which members of the present Council, I feel assured, look upon one another; that is, as gentlemen, as friends of the Profession, and as men who have the best interests of the Profession solely at heart.

Coming from the mover of this resolution, Mr.



President and Gentlemen, I have no hesitation in saying I value that resolution more highly than had it emanated from any other member of this Council. I trust the other members of the Council will not take umbrage at this remark. There were circumstances attendant upon my entry into this Council which have warranted me in making the statement which I publicly make; to use a somewhat hackneyed expression, before I had the pleasure of meeting Dr Britton and before Dr Britton had the opportunity of meeting me, our relations were somewhat strained. I have learned to look upon Dr. Britton since as a gentleman whose idea of right and wrong are of the most strict order, that if he thinks he is wrong he is quite willing to make it known, and he is quite willing to make the reparation which one gentleman has the right to look for at the hands of another. I trust that the other members of the Council, as I have already said, will not think that my remarks would go to show that I appreciate the extreme kindness of those other members of the Council in a lesser degree than their conduct towards me deserves, but on account of the peculiar relations that have existed in the past, and existed to-day between the gentleman who did me the honor to move that resolution and myself, I think that it is nothing more than right I should make this declaration.

Allow me to thank you again, one and all, for the extreme kindness which I have at all times experienced at your hands, and for this crowning act on your part. (Prolonged applause).

Dr. MOORHOUSE—I beg to move, seconded by Dr. Campbell, that this Council learn with great regret that Dr. Fulton intends retiring from the Council; and wish him prosperity and success, and also hope at some future day to have the assistance of his good judgment in our deliberations, should he see fit to return to active work in this Council. In making this motion, I can speak from personal experience of Dr. Fulton as being a representative for the division from which I come; I can say that he has endeavored to act honestly by his constituents. I do not wish to indulge in any fulsome flattery when I state that I think he has the confidence of all the men in our division. He came here under very peculiar circumstances, as you will all recollect, and he threw himself into the gap to heal up a breach, and he has succeeded; and now, having done so, he wishes to retire to private life.

Dr. WILLIAMS—Mr. President and Gentlemen: I was about to move a resolution to all the retiring members, as I believe there are several that intend to retire of their own free will, thinking it would be rather invidious to single out some and express our thanks and not refer to the others, and I presume there are still enough left to warrant a general resolution, and after Dr. Moorhouse's motion is carried, as I have no doubt it will be, I will then move my motion, because we are in a position to express our honest sentiments about every man here present.

I would like to make a remark with reference to Dr. Fulton. Unfortunately we are prone to look over men, and form opinions as to whether or not we think they are going to make very good men; that seems

natural, at any rate it is natural to me. But I may say that whatever estimate was placed upon Dr. Fulton at the time he first came as a member of this Council, my appreciation of him has grown and grown all along from the time he came here till now he is leaving; and I look upon him to-day as a very much better member of the Council than I ever expected to do at the time he first came here. I may say that Dr. Fulton, as I take it, is developing in Council work so that he has taken a good grasp of the whole situation. And I only regret that circumstances that we do not control have rendered it, in his judgment, best for him not to return to the Council. I would say further, that, that—shall I call it a gerrymander on the part of the persons who got it through, or who had a large share in getting through the last amendment to the Medical Act—Dr. Fulton and I happen to be placed in the same division; and Dr. Fulton, without any urgency on my part, has done his best by giving me any support in his power, to secure my return to this Council again; and while other members of the Council may feel under some obligations to Dr. Fulton, I, perhaps, feel more under obligations than any other, because of the position he has taken towards myself.

Dr. CAMPBELL—In seconding the motion I cordially support everything that has been said. I became acquainted with Dr. Fulton at the time he entered this Council; and I trust the happy association he and I have had here will be the beginning of a friendship which will continue as long as we both live. With the other members of this Council I regret exceedingly that circumstances are such that he will not return to us.

The PRESIDENT—In putting the resolution I may say I have had the pleasure of knowing Dr. Fulton since he came to this Council; and that I was intimately associated with him on the Finance Committee during all the years, except last year, since he came here, and has done invaluable service on that committee, which is one of the hardest worked and most responsible committees in the Council perhaps.

The President then put the motion, which was carried unanimously by a standing vote.

Dr. FULTON—Mr. President and Gentlemen: I am exceedingly grateful for the very kind remarks that come in reference to my retirement; and what little I have done in the way of assisting in the deliberations of the Council, I am also grateful for the hearty manner in which the resolution was carried. I did not think I was entitled properly to any such remark or any such consideration. Dr. Philip has spoken of me as a member of the Finance Committee, and I am reminded by that to say that I was always pleased with the kindness and courtesy with which the members of that committee were treated by the then chairman and now President.

I have two reasons for retiring: one is when I was named by the Huron and Bruce Medical Association as their candidate, the arrangement was entered into that at the end of the term I would give way to some other member, there being a number of aspirants to the office in that district. Another reason is, as Dr. Williams has already stated, according to the



re-arrangement of districts he and I have been thrown in the same district; and any satisfaction at all I could take from my retiring would be in knowing that our district would be represented by so able and gentlemanly and thoroughly posted member of the Council; for I consider Dr. Williams one of the most active and one of the principal members of this Body; and I am satisfied he has the fullest confidence of our constituents.

My time of service on this Council will certainly be, as Drs. Miller and Day have said of themselves, a bright spot in my recollections in the future; the associations one meets with here, and the gentlemanly conduct of the various members cannot but impress themselves on one's mind. Before I sit down I wish to say that I hope that every member who desires to return to this Council will be re-elected, and with large majorities (hear, hear). I believe that every member of this Council is justly entitled to the fullest confidence of his constituents; and I will always be a defender of this Council, and always consider it my duty to work for its interests.

Dr. CAMPBELL—There is only one other member of the Council of whom we have definite knowledge that he will retire, and retire of his own accord—some of us may retire involuntarily—and we shall have to place on record our appreciation of the valuable services rendered by Dr. Orr; and while we regret to learn that he will not be a candidate for re-election, we wish for him continuous prosperity and happiness. Dr. Orr is not in the room so his blushes will be spared, but I know every member will agree with me that he has rendered very great services, both as member in committee and on Council Board, and also in other ways outside of direct Council work. We shall have his services and assistance in that latter capacity still, and I have no doubt his aid will be tendered to the Council at all times. But I know those of us who are returned here will miss a familiar face, and a voice we were always pleased to hear.

Dr. HARRIS—I have much pleasure in seconding this motion.

Dr. MILLER—Dr. Orr was one of my first acquaintances in the Council; in fact I was somewhat acquainted with him before I came; I then looked upon him as a most kindly and genial professional brother; and my views respecting him have undergone a change even for the better, and I have learned to think more highly of him day by day as we have been associated in the Council here.

Dr. WILLIAMS—I would like to add my testimony to what Dr. Miller has said. I was not acquainted with Dr. Orr when he first came, but I became acquainted with him when he came here; and I have come to appreciate him very highly. I regret very much that he is about to retire from the Council.

The President put the motion, which was carried unanimously by a standing vote.

Moved by Dr. Day, seconded by Dr. Bray, that Dr. Pyne make such selections as he may think necessary from the English report of the case of Allison vs. The General Council of Education, and that they be printed in the report of the proceedings of this Council. Carried.

## IN THE COURT OF APPEAL—ENGLAND.

### ALLISON v. GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

*Medical Practitioner—General Council of Medical Education and Registration—Removal of Name from Register—Power of Court to Review Decision—"Infamous Conduct in a Professional Respect"—Judicial Inquiry—Domestic Forum—Personal Interest of Member of Tribunal—Medical Act (21 and 22 Vict. c. 90), ss. 28, 29.*

It was proved before the defendant council that the plaintiff had been in the habit of inserting advertisements in newspapers, in which his name and address were stated. These advertisements contained reflections upon medical men generally and their methods of treating their patients, and advised the public to have nothing to do with them or their drugs. The advertisements contained a series of answers to real or imaginary correspondents as to the proper treatment of different complaints, and there were recommendations to apply to the plaintiff for advice, the amount of the fee charged by him for advice being stated. Certain works on medical subjects written by the plaintiff were also mentioned, and their prices.

The following are specimens of the advertisements: "In this our nineteenth century of boasted civilization the drug doctors are not so successful in the cure of diseases as were the ancients nearly 2,000 years ago. Then the healers relied mostly on diet and baths, not having found out the poisonous drugs now employed. A patient is now fed up with useless and disease-producing animal broths, meat extracts, or so-called beef tea, which contains most of the refuse which the kidneys would have thrown out if the animal had lived. The patient is usually dosed with poisonous drugs which upset his stomach, derange the other organs, greatly lessen his chance of recovery, and lengthen the duration of his illness."

Under the head of "General Advice:" "Strictly avoid all drugs, medicines, pills, powders, potions, lotions, gargles, inhalations, ointments, salves, etc. Do not paint with iodine, nor use caustic, blisters, poultices, plasters, liniments, nor splints. Do not take cod liver oil, pepsin, maltine, chemical food, or any patent medicine no matter how much advertised."

And, in "Answers to Correspondents:" "Professional poisoners, for I can call doctors by no truer name." "Send a postal order for 5s., with a stamped, directed envelope, and I will send you private postal advice that will benefit you."

It was also proved that the plaintiff had formerly published a pamphlet or leaflet, entitled, "How to Avoid Vaccination," in which he suggested a method by which the effect of vaccination (which he considered an injurious operation) might be avoided by washing off the lymph immediately after the operation has been performed. Objection was made to this publication by the Colleges of Physicians and Surgeons of Edinburgh, and the plaintiff then undertook that he would discontinue the publication of the leaflet. After he had given this undertaking, he did not himself any longer publish the leaflet. It had, however, become the property of a society called the Anti-Vaccination Society, which continued to publish it,

and the plaintiff in some of his advertisements recommended his correspondents to purchase the pamphlet, and informed them where it was to be obtained.

The following is a specimen of these advertisements: "I do not issue the leaflet 'How to Avoid Vaccination.' It belongs to the Anti-Vaccination Society. Send 2d. for it to Mrs. Young, 77 Atlantic Road, Brixton."

As to the second ground of objection, it is admitted that, if there was no evidence upon which the council might fairly and reasonably say that the plaintiff had been guilty of "infamous conduct in a professional respect," they went beyond the jurisdiction given to them by the Act in entertaining the case and proceeding to adjudicate upon it. If there was no such evidence they ought to have declined to interfere. Was there, then, any evidence which justified the council in finding the plaintiff guilty of "infamous conduct in a professional respect?" I adopt the definition which my brother Lopes has drawn up, of, at any rate, one kind of conduct amounting to infamous conduct in a professional respect, viz.: "If it is shown that a medical man, in the pursuit of his profession, has done something with regard to it which would be reasonably regarded as disgraceful or dishonorable by his professional brethren of good repute and competency," then it is open to the General Medical Council to say that he has been guilty of "infamous conduct in a professional respect." The question is, not merely whether what a medical man has done would be an infamous thing for anyone else to do, but whether it is infamous for a medical man to do. An act done by a medical man may be "infamous," though the same act done by anyone else would not be infamous; but, on the other hand, an act which is not done "in a professional respect" does not come within this section. There may by some acts which, although they would not be infamous in any other person, yet if they are done by a medical man in relation to his profession, that is, with regard either to his patients or to his professional brethren, may be fairly considered "infamous in a professional respect," and such acts would, I think, come within s. 29. I adopt that as a good definition of, at any rate, one state of circumstances in which the General Medical Council would be justified in finding that a medical man has been guilty of "infamous conduct in a professional respect." Was there, then, evidence in the present case of such conduct? It seems to me that this question must be solved thus. Taking the evidence which was before the Medical Council as a whole, did it bring the plaintiff within the definition which I have read? Was the evidence, taken as a whole, reasonably capable of being treated by the council as bringing the plaintiff within that definition of "infamous conduct in a professional respect?" I cannot doubt that it was. It seems to me that it may be fairly said that the plaintiff has endeavored to defame his brother practitioners, and by that defamation, to induce suffering people to avoid going to them for advice, and to come to himself, in order that he may obtain the remuneration or fees which otherwise he would not obtain. If, on the whole, that which he has been doing could be reasonably construed as amounting to that, it comes, in my opinion, within the definition I have read, and the council were justified in saying that the plaintiff had been

guilty of "infamous conduct in a professional respect."

Then I come to the question of "infamous conduct in a professional respect," and, in my opinion, if there was any evidence upon which the council could reasonably have come to the conclusion to which they did come, their decision is final. If, on the other hand, there was no evidence upon which they could reasonably arrive at that conclusion, then their decision can be reviewed by this Court. It is important to consider what is meant by "infamous conduct in a professional respect." The Master of the Rolls has adopted a definition which, with his assistance and that of my brother Davey, I prepared. I will read it again: "If it is shown that a medical man, in the pursuit of his profession, has done something with regard to it which would be reasonably regarded as disgraceful or dishonorable by his professional brethren of good repute and competency," then it is open to the General Medical Council to say that he has been guilty of "infamous conduct in a professional respect." That is, at any rate, evidence of "infamous conduct" within the meaning of s. 29. I do not propound it as an exhaustive definition, but I think it is strictly and properly applicable to the present case. Assuming it to be a definition of "infamous conduct" sufficient for the purpose of the present case, was there any evidence before the Medical Council which justified them in coming to the conclusion that the plaintiff had been guilty of infamous conduct in a professional respect within that definition? It appears to me that there was abundant evidence upon which they might find as they did. A very large number of advertisements have been brought to our notice which can only lead, I think, to one conclusion, viz., that the plaintiff was doing all he could to deter the public from consulting medical men—his professional brethren—to induce the public to distrust them and their remedies, and to come to him, holding himself out as the one person who could give them that relief and that assistance which they desired. In my opinion, if that were the whole of the case it would be amply sufficient to justify the action of the council. But there is another matter, to which the Master of the Rolls has not alluded, viz., the plaintiff's conduct with regard to the pamphlet on Vaccination. It appears to me that his conduct in that matter comes distinctly within the definition which I have given. The facts, shortly stated, are these: In 1887 or 1888 he published a pamphlet against vaccination which met with great disapproval, and he promised to withdraw it, and, so far as he was concerned, it appears that he did withdraw it from circulation. But it had passed from his hands into those of the Anti-Vaccination Society, and he, knowing that, advises his patients to consult that society, being perfectly aware what advice they would get, viz., to adopt a method of effacing the effects of vaccination. In fact, he was indirectly advising those who consulted him to violate the law by which the legislature has thought it desirable to enforce vaccination. On both these grounds I think there was ample evidence to justify the council in coming to the conclusion that plaintiff had been guilty of "infamous conduct in a professional respect."

On the second point I agree with the other mem-



bers of the Court that there was evidence upon which the council might reasonably and properly infer that the plaintiff was endeavoring to discredit and defame the medical profession generally, and to shake the confidence of the public in other medical men, with a view to his own pecuniary advantage.

The question is not whether the plaintiff is right or wrong in his views on the subject of medicine and hygiene. He may be right, notwithstanding his difference from the majority of his professional brethren. He may be in the position of *Athanasius contra mundum*. But there are different modes of stating one's opinions and views, and a man may be actuated by different motives in enforcing his views and opinions upon the world. In the present case the language in which the plaintiff has thought fit to express his views, and the circumstances under which and the surroundings with which his advertisements were issued, coupled with the notices to which our attention has been drawn, recommending his own works and his own advice, seem to me, when taken together, to be evidence from which the Medical Council might reasonably hold that his conduct was "infamous in a professional respect." I adopt the definition of Lopes, L.J., which has been approved by the Master of the Rolls, as at any rate a standard by which those words may be applied. There is also the plaintiff's conduct with regard to the leaflet on Vaccination, after he had undertaken not to publish it. I repeat, in order that there may be no mistake about it, I do not think that Mr. Coleridge was well founded in saying that on the evidence before them the council must be taken to have condemned the plaintiff on the ground of his particular opinions on the subject of Medicine or Hygiene. We have not to say whether the council were right or wrong in the inference which they drew. All we have to say is, whether there was evidence on which they might, as reasonable men, have come to their conclusion. In my opinion there was.

Judgment of Lord Esher; Lopes, L.J., and Davey, L.J.

On motion the President vacated the chair, which was taken by Dr. Miller.

Dr. BRITTON—Mr. Chairman I have very great pleasure in moving that the thanks of this Council be tendered to Dr. Philip, our President, for the able and impartial manner in which he has presided over this meeting of the Council. I have been personally acquainted with Dr. Philip for a good many years; and before his election I felt confident that he would occupy that chair with dignity and credit to the Council; and the results have warranted me in forming that opinion and I am very much pleased to move this resolution.

Dr. BERGIN—I have very much pleasure in seconding this resolution. As his "god-father," if I may use the term, I feel very proud of my pupil.

The Chairman put the motion which was carried unanimously.

Dr. MILLER—I wish to tender to you the thanks of this Council for the very able and efficient manner in which you have discharged your duties as President of this Council during the session which is now about to close. I heartily and entirely concur in the words of the resolution; and I have great pleasure in tendering to you the thanks of this Council.

Dr. PHILIP—I feel deeply grateful to you gentlemen in the Council for the warm words of commendation with which you have received my actions as President of this Council. I am sure it is a source of great pleasure to reflect that the President of this Council has always been treated as the presiding officer with so much courtesy as to render his duties comparatively light and very pleasant. I return my most sincere thanks for your kindness.

Dr. BERGIN—I would like to call the attention of the committee to an advertisement by Dr. S. E. McCully, who is now under suspended sentence—an advertisement which appears in the Toronto papers to-day of a most disgraceful character, and one which we cannot too strongly condemn. Dr. McCully is now under suspended sentence of this Council, suspended upon promise that he would not in the future be guilty of any of these questionable practices of infamous conduct of which he was then condemned. Upon that promise that he would no more repeat these practices, we concluded for the sake of his family—not for his sake—to let the sentence stay suspended, giving him to understand that upon the first breach of that promise his license would be taken from him and his name erased from the register. This he has seen fit to disregard, and he has violated his promise.

Dr. ORR—Mr. President and Gentlemen: I think in this case you will require to go along very carefully. The advertisement, which appears in this morning's *World* (dated Saturday, June 16th, 1894), has appeared in the daily papers of Toronto for some time, so that really it is nothing new, and it differs very little from the advertisements inserted in the daily papers of Toronto by other advertising medical men in the city. I think if it is in the power of the Council in all those cases where advertisements of that kind are inserted—advertisements which are not in the interests of the general public, but are inserted solely in the interests of the advertiser, and for the purpose of his profit and personal gain—the advertiser should be struck from the rolls, and I think if Dr. McCully proceeds in the ensuing year as he has during the past year, the duty of the new Council will be to strike his name from the roll of the College of Physicians and Surgeons of Ontario.

Dr. CAMPBELL—This party wrote to me some time ago, enclosing a copy of advertisement, and asked my opinion whether he would be acting contrary to the view of the Council if he put in an advertisement of that kind. My answer to him was that the Council did not approve of advertising in any shape. With regard to this, however, I may say that the sins of which Dr. McCully was guilty, and of which he was really found guilty, and for which he would have been stricken off the register had he not apologized, was not an advertisement of this kind which, as has been said, is no worse than some other persons are putting in in Toronto, but for his decidedly unprofessional conduct in blackguarding the Profession, and for his treatment of some patients.

Dr. ROGERS—When Dr. McCully was before the Council showing cause, he said, "All I have to say is that, after signing that paper not to advertise, I have endeavored legitimately to live up to my promise, and have continued to do so, and have no intention of failing my promise." The promise, there-



fore, given before this Council, was that he would not advertise. He made it very clear, or I would never have voted in the way I did there, I am certain.

Dr. HARRIS—It appears that these fellows get so hardened in sin that it is almost impossible for them to desist; they are bound to go on—look at Washington and this man—the same old story. If you had treated these cases that were up before us at this session in the same way, you would have found the same thing. You may hold the sword over their heads, but you have in time to strike them off, and it may be as well to do it at once.

Moved by Dr. Bergin, seconded by Dr. Britton, that the advertisement of Dr. McCully in this morning's issue of the *Toronto World* be referred to the Discipline Committee. Carried.

Dr. Harris moved, seconded by Dr. Logan, that in accordance with the by-laws, the Registrar do now read the minutes of the last meeting of the Council.

The Registrar read the minutes of the last meeting, which were adopted and signed by the President.

Dr. Harris moved, seconded by Dr. Orr, that the Council do now adjourn. Carried.

## Meetings of Medical Societies.

### ONTARIO MEDICAL ASSOCIATION—FOURTEENTH ANNUAL MEETING.

(Continued from June Number.)

#### THURSDAY MORNING, June 7th. SURGICAL SECTION.

The first paper in the section was presented by Dr. Welford, of Woodstock, entitled "Fractures and Dislocations of the Vertebrae." His plea was for operation in these cases before degenerated changes take place in the cord. He reported two cases he had had where considerable relief was afforded by operation. He maintained that if they had been operated upon earlier, there would have been a good chance for complete relief. The first case was a fracture-dislocation. All above the sixth were dislocated forward. The right arch of the fifth was fractured. A spicula of bone protruded into the canal, but did not puncture the membranes. On the sixth day he was called; pulse was 155, temperature 104, and respiration feeble. Although some relief was afforded, the patient succumbed. In the second case there was a fracture-dislocation between the eleventh and twelfth dorsal. The posterior arches were removed. The sheath was adhered to the arches so that the marrow was exposed. The patient gained some power in the right leg and foot, and a return of sensibility two and a half inches below where it was prior to the operation. There was no improvement on the left side nor in the bladder nor rectum.

Dr. Peters agreed that the operations should have been done earlier. Degeneration took place in such cases in three days. Every spinal injury was not favorable for operation. Where it was known that the fracture-dislocation had severed the cord across, operation was useless. If there was a history of motion and sensation for a short time after the lesion, hæmorrhage was likely the cause, and improvement would take place without operation.

Dr. King presented a blacksmith who had sustained an injury to the back while working under a buggy. The props slipped, and the buggy fell on top of him, bending him forward so that his head was brought between his knees. Both clavicles were anteriorly dislocated, and a knuckle presented in the neighborhood of the eleventh dorsal vertebra. There was considerable separation between the eleventh and twelfth. There was no impairment, however, of motion or sensation, but there was difficulty in getting the bowels to move.

Dr. Spencer thought that the patient presented had not sustained any injury to the spinal cord, that there was no effusion of spinal fluid, but that hæmorrhage had probably taken place.

Dr. Welford closed the discussion.

Dr. N. A. Powell then interested the Association with an illustration of his method of photographing pathological specimens, and also of procuring photographs of operations while in progress. He also showed an ingenious device for making the flash in taking photographs by the flash light.

Dr. Meek, of London, reported four cases of abdominal section: the first was for dermoid cyst of the ovaries, the second for hæmatosalpynx, the third for suppurative appendicitis, and the fourth for cancer of the pylorus—cholecystenterostomy. He had good success in all. The history of the cases were very interesting.

Dr. Bingham read a paper on "Appendicitis," in which he discussed the classification and treatment. He also gave the report of a case. In the first type of this trouble the symptoms were mild, being usually associated with accumulates—masses of feces in the cæcum. Recovery usually followed. The second class was where the disease progressed to suppuration. These cases required to be closely watched, for there was great danger of perforation and general peritonitis. He thought this not likely to occur within four or five days. Perforation sometimes took place into the intestine, bladder, or externally. The third class was the relapsing appendicitis. Operation in these cases might be left till the subsidence of the acute attack.

Dr. McKinnon and Dr. Whiteman discussed the paper.

The next paper was by Dr. D. J. G. Wishart, the subject being "Empyæma of the Antrum." This was the history of an obscure case; it was difficult to diagnose, because few of the symptoms were referable to the antrum. The pain was outside the orbit. The patient failed to lie on the diseased side, the reverse being usually the case. Then the character of the discharge was white, like casein, instead of yellow, as is usually the case. Drilling was performed through an upper molar cavity, and the antrum washed and drained.

Dr. Price Brown discussed the paper.

Both Sections then adjourned. About 200 of the members were then conveyed to the Royal Canadian Yacht Club, on the Island, where the city members entertained the outside members to luncheon. A very enjoyable social time was spent.

The Association re-assembled at 4 p.m. to listen to a paper on "Gastrectasis," by Dr. Stockton, of Buffalo. He defined the meaning of the term, and spoke of its effects on the functions of the stomach. For its relief, drugs were not of much service. He recommended

the use of lavage and faradization of the stomach walls. He showed Einhorn's button, which the patient swallowed for the electrical seances, a cord being attached to the electrode to withdraw it when the treatment was over. Dr. Stockton also showed an ingenious device of his own for the electrical treatment. It consisted of an electrode on the end of a stillette, which was introduced through the stomach tube, which had previously been inserted to convey the salt water needed. At the end of the treatment, the electrode could be withdrawn, then the salt water, then the stomach tube.

Dr. Doolittle gave the history of a severe case where he had used Einhorn's apparatus with good success.

Dr. Hingston thought such treatment was unnecessary if the patient would observe three rules: first, to eat less; second, to eat more slowly; third, to refrain from drinking at meals.

Dr. Davidson said that the precautions referred to by the previous speaker were not sufficient, in his idea, when the disease had become established. He favored the treatment by lavage and electricity.

Dr. W. H. Hingston, of Montreal, then read a paper on "Cancer of the Breast." He referred to the various theories with regard to the causation, inclining to the microbic or the inflammatory. He advised that the axillary glands should not be removed unless affected. In dissection, after the primary incision, the finger was better than the knife to enucleate the mass. If the pectoral muscle were affected at all, he advised its entire removal. The stitches should be put in back from the line of incision, so as not to cause any undue irritation to the edges. He advocated removal, even up to half a dozen times, if necessary.

Dr. E. E. Kitchen, of St. George, gave a graphic account of the great International Congress held at Rome, to which he was a delegate.

Dr. J. F. W. Ross read an interesting paper on "Papilloma of the Ovary," reporting two cases. The disease usually attacked both ovaries. Two varieties might be spoken of, the first being applied to the growth before its rupture of the capsule, till which time it might be considered as non-malignant; the second, its condition, after rupturing the capsule, when it might be looked upon as malignant. He advised early operation. He presented sketches and water-colors of the pathological specimens. He also presented a cyst of the broad ligament which he had just removed.

Dr. McPhedran read a paper on "Diuretin," and cited several cases where it had been useful. These were cases of arterio-sclerosis and chronic cardiac diseases. He had found diuretin very helpful in relieving the symptoms where œdema was present, or where there was mitral incompetence. In large doses its effect was similar to poisoning by salicylic acid.

#### EVENING SESSION.

The first paper was by Dr. Primrose on "Sprains." He went into the pathology, diagnosis and treatment of these cases. He presented the history of some cases. His plan of treatment consisted in swathing the joint with a large quantity of cotton batting and bandaging over this very firmly. Massage was useful. Passive movements should be used, where there was

danger of adhesions, at the end of eight or ten days, especially if accompanied by a Pott's or Colles' fracture.

The Secretary then read a communication from the Secretary of the Prison Reform Association regarding the establishing of a home for inebriates. The Association passed a resolution in favor of this movement.

Dr. McKinnon introduced a motion recommending the establishment of a home for epileptics. This was unanimously supported.

Dr. E. Herbert Adams introduced a resolution favoring the establishment of a home for sufferers from pulmonary tuberculosis. This was also unanimously carried.

Dr. Johnston then presented the report of the special committee appointed to report on the matter of lodge practice: "The special committee on lodge practice begs to report that in their opinion the time has arrived when this Association should pronounce its judgment on the evils of club, lodge or contract practice, or engaging to do work at rates below that fixed by the legal tariff of the district, and should take some decided action in, first, calling upon all members of the Association to cease making, after the end of the current year, any further engagements to do such work; second, that the Secretary of this Association communicate at once with the Medical Council, and urge that body to issue a circular to each member of the College of Physicians and Surgeons, informing him that any medical man persisting after this year in doing lodge or club practise shall be considered guilty of unprofessional conduct as defined by the statute in such case made and provided.

Certain phases of the question were warmly discussed, but the resolution carried unanimously.

The report of the Committee on Nomination was adopted.

The following gentlemen were elected as officers of the Association for the coming year:—President, Dr. R. W. Bruce Smith, Seaforth. Vice-presidents: 1st vice, Dr. A. A. Macdonald, Toronto; 2nd vice, Dr. A. B. Wellford, Woodstock; 3rd vice, Dr. W. J. Saunders, Kingston; 4th vice, Dr. Forest, Mount Albert. General Secretary, Dr. J. N. E. Brown, of Toronto. Assistant Secretary, Dr. Charles Temple, Toronto. Treasurer, Dr. J. H. Burns, Toronto.

The General Secretary, Dr. Wishart, then gave his report.

Dr. Harrison, President of the Dominion Medical Association, extended a hearty invitation to all the members to attend the Dominion Medical Association to be held in St. John's, New Brunswick, in August.

The President-elect was then installed, Dr. R. W. Bruce Smith, and after a neat speech, in which he thanked the Association for the honor done him, he declared the Fourteenth Annual Meeting of the Association adjourned.

#### MEETING OF MEDICO-CHIRURGICAL HOSPITAL BOARD.

The Board of Trustees of the Medico-Chirurgical College met last evening and elected the following gentlemen to various chairs in that institution: Dr. Isaac Ott, of Easton, Pa., Professor of



Physiology ; Dr. William E. Hughes, Professor of Clinical Medicine ; Dr. Albert E. Roussel, Assistant Professor of Clinical and of Practice of Medicine ; Dr. Charles W. Burr, Clinical Professor of Nervous Diseases ; Dr. William C. Hollépetter, Clinical Professor of Diseases of Children and Pediatrics ; Dr. Arthur H. Cleveland, Clinical Professor of Laryngology ; Dr. Edward B. Gleason, Clinical Professor of Otolaryngology, and Dr. William Blair Stewart, Lecturer in Therapeutics.

Prof. Edwin J. Houston and Dr. Henry Fisher were elected members of the Board of Urustees.

The above appointments were made to relieve the present teaching corps of the college, which, owing to the number of students attending, and in anticipation of the large body of matriculates in September, makes it requisite that these chairs be filled. The medical fraternity throughout the country has recognized the fact that the Medico-Chirurgical College stands among the first in practical instruction in our medical schools.

#### AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The fourth annual meeting of the American Electro-Therapeutic Association will be held in New York, September 25th, 26th and 27th, at the New York Academy of Medicine.

Members of the medical profession are cordially invited to attend.

WILLIAM J. HERDMAN, M.D.,  
*President.*

MARGARET A. CLEAVES, M.D.,  
*Secretary.*

#### Correspondence.

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

*To the Editor of* ONTARIO MEDICAL JOURNAL.

SIR,—I notice that you speak of Dr. Fenwick, who recently died, as the oldest practising physician in Ontario.

Now, the oldest practising physician in Ontario, if not in Canada, is Dr. Barnhardt, of Owen Sound, who started practising in 1834, and is still in harness. I met him at the Toronto Exhibition

last September in company with Dr. J. M. B. Woods, of Toronto, and he seemed good for years to come yet.

If there are any older doctors in Ontario or Canada I would like to hear from them.

Respectfully yours,

July 7th, 1894.

MEDICUS.

#### Requisition to Dr. Brock.

ELECTION OF A REPRESENTATIVE TO  
THE MEDICAL COUNCIL OF THE  
COLLEGE OF PHYSICIANS AND  
SURGEONS OF ONTARIO, 1894.

NOMINATION PAPER, FIFTH DIVISION, EMBRACING  
COUNTIES OF WELLINGTON AND WATERLOO.

WE, the undersigned registered medical practitioners residing in the Fifth Division, hereby nominate Dr. L. Brock, of the City of Guelph, as a fit and proper person to represent the said division in the Medical Council of the College of Physicians and Surgeons of Ontario, and we further agree to use our best efforts to secure his election :—

Samuel M. Henry, Harriston ; W. A. Harvey, Harriston ; H. R. McCullough, Harriston ; B. Crandill, Clifford ; H. Ross, Clifford ; T. D. Meikle, Mount Forest ; C. A. Jones, Mount Forest ; M. Forster, Palmerston ; A. Stewart, Palmerston ; J. A. Millican, Preston ; W. Mallory, Preston ; J. M. Cameron, Galt ; J. H. Bradford, Galt ; Geo. Acheson, Galt ; E. R. Wood, Galt ; W. J. Mackendrick, Galt ; A. Thomson, Galt ; A. Hank, Galt ; W. Lovitt, Ayr ; H. G. Roberts, New Germany ; J. Dow, Belwood ; R. J. Lockhart, Hespeler ; G. O'Reilly, Fergus ; A. Groves, Fergus ; W. H. Johnson, Fergus ; H. W. Armstrong, Fergus ; W. Robertson, Elora ; J. M. Nairn, Elora ; A. H. Paget, Elora ; J. M. Roger, Fergus ; D. McEachren, Linwood ; J. D. McNaughton, Glenallan ; L. G. Cline, Elmira ; N. W. Geikie, Elmira ; M. McWilliam, Drayton ; R. Lucy, Drayton ; O. M. McCullough, Erin ; H. McNaughton, Erin ; A. Skippen, Hillsburg ; H. Gear, Erin ; G. W. Wright, Berlin ; D. J. Mirchin, Berlin ; L. B. Coleman, Berlin ; J. E. Nett, Berlin ; R. G. Mylins, Berlin ; W. G. Lackmer, Berlin ;



W. J. Arnott, Berlin ; D. L. Bowlby, Berlin ; W. R. Nicholls, Berlin ; C. Nocker, Waterloo ; A. F. Bowman, Waterloo ; W. L. Hilliard, Morriston ; J. H. Hamilton, Hillsburg ; H. S. Martin, Erin ; G. Herod, Guelph ; H. Howitt, Guelph ; Angus MacKimmion, Guelph ; Denis Minan, Guelph ; W. F. Savage, Guelph ; J. Lindsay, Guelph ; Stephen Lett, Guelph ; W. J. Robinson, Guelph ; W. O. Stewart, Guelph ; T. H. Orton, Guelph ; W. Cormack, Guelph ; M. Morrow, Guelph ; C. J. Laird, Guelph ; W. B. Kennedy, Guelph ; W. H. Loury, Guelph ; J. McAllister, Galt ; J. M. Dryden, Rockwood ; E. F. McCullough, Everton ; J. A. Howitt, Morriston ; J. McEllaivee, Wellesley.

GUELPH, July, 1894.

*To the Medical Electors of Division 5, comprising the Counties of Wellington and Waterloo :*

The requisition placed in my hands requesting me to be a candidate for this division in Medical Council has been so numerously signed that I have great pleasure in acceding to your request. In looking over the requisition I find that every medical man in my native city has signed ; this to me is a mark of their confidence, which I hope will never be forfeited. The profession owe a deep debt of gratitude to the founders of the Medical Council. Amongst those who took a great interest in its inception I might mention the names of the late Drs. Clarke and Parker, who were eminent in the profession and prominent members of parliament, at that time a resident of the city of Guelph. As you are all aware, the Medical Council differs from other legislative bodies in that it is controlled by Statutes of Ontario Assembly and is amenable to the voice of the profession and through Parliament can be controlled at any time. The Legislature of Ontario have from time to time seconded our efforts, and it ought to be our earnest desire so to ensure the confidence of the public that any amendments to our Act in future may be in accord with enlightened opinion, and redound to the credit and advancement of the profession in all things which make for progress. As regards the Acts of the Medical Council in the past, we must never forget that they have had a difficult and rugged road to travel, but we may point to the results : Our Act has been copied to a great extent where possible in neighboring States of the

Union, British Columbia and Manitoba, and has received the approval and commendation of every medical man who has made himself thoroughly acquainted with the working of the Act.

Allow me to thank you, gentlemen, for this expression of your esteem, and in conclusion to assure you that, being an independent member, I shall look to your interests solely, and if elected discharge the duties of the office to your satisfaction.

Yours sincerely,

L. BROCK.

---

### Book Notices.

---

*On Double Consciousness and The Psychic Life of Micro-Organisms.* By Alfred Bluet. Are two works dealing with the mystic, as far as the ordinary reader is concerned. The first is theosophical, giving decided views on matters hysterical. The work is certainly clever and well put together, the author's knowledge of theories of the subject being very extensive. The Open Court Publishing Co., Chicago. 1894.

*The Popular Science Monthly*, for August, contains the following valuable numbers and papers : (1) "The Chaos in Moral Training ;" (2) A family of Water Kings ;" (3) Human Aggregation and Crime ;" (4) "Distribution of Government Publications ;" (5) "The Story of a Great Work ;" (6) "A Proposition for an Artificial Isthmus ;" (7) "Rain-making ;" (8) "Milk for Babes ;" (9) "Nature as Drama and Enginery ;" (10) "The Nocturnal Migration of Birds ;" (11) "Modern Views and Problems of Physics ;" (12) "Form and Life ;" (13) "On Accuracy in Observation ;" (14) "The Photography of Colors ;" (15) "Sketch of William Mattieu Williams." New York : D. APPLETON & COMPANY.

*Inebriety or Narcomania, its Etiology, Pathology, Treatment and Jurisprudence.* By Norman Kerr, M.D., P.L.S., Fellow of Medical Society of London, President Society for the Study of Inebriety, etc. Third edition. Price 21s. 1894. London : H. K. Lewis.

The third edition of this valuable work has just been issued from the press. The work was first published in 1888. So well was it received that the first edition was exhausted within a year, and

in 1889 a second edition was published. To the medical profession it will be found an exceedingly useful and instructive treatise on the subject of inebriety in all its aspects. It also contains a full discussion of the legal aspects of the subject, rendering it a valuable guide to the magistracy, legal profession, judiciary, clergymen and the general public. We heartily recommend the work.

---

*Post Nasal Growths*, by CHARLES A. PARKER, Assistant Surgeon to the Hospital for Diseases of the Throat. Golden Square, London. Price 4s. 6d. 1894. H. K. Lewis, London.

The author has made a fairly exhaustive work in four chapters, giving subject matter of interest to the general practitioner, as well as to the specialist. The chapter on Deafness is excellent. The work of publishing is done in Lewis' own first class style.

---

*Practical Urinalysis and Urinary Diagnosis*. A manual for the use of Practitioners and Students, with numerous illustrations, including colored photo-engravings. By CHARLES W. PURDY, M.D., of Chicago, author of "Bright's Disease and Allied Affections of the Kidneys," "Diabetes: Its Causes, Symptoms and Treatment," etc. A one-volume practical and systematic work of about 350 crown-octavo pages, in two parts, sub-divided into twelve sections, and an appendix.

Part I. is devoted to the general subject of Analysis of Urine, treating in detail of Urine Composition, Organic and Inorganic Constituents of Normal and Abnormal Urine, Physical Characteristics, Volumetric, Gravimetric, Centrifugal, and all other methods of analysis. The various processes and methods of detection, determination, calculation, etc., of all pathological manifestations and substances in the urine, with their causes and clinical significance, including the urine as a toxic agent, all forms of urinary sediments, casts, etc., are discussed with great clearness and force.

Part II. is devoted to Urinary Diagnosis, and discusses fully all forms of urinary and renal diseases, including anatomical considerations, regional relations of the kidneys, ureters, bladder and the renal pelvis, also their physical examination, etc., clinical diagnosis of urinary and renal diseases, such as renal tuberculosis, cancer, diabetes, insip-

idus, diabetes mellitus, misplacements of the kidney, cystitis, uræmia, chyluria, vesical stone, etc. The diagnostic value of the urine in acute infectious diseases, such as typhoid, yellow and typhus fevers, scarlatina, cholera, diphtheria, variola, cirrhosis of the liver, jaundice, acute rheumatism, gout, meningitis, hysteria, epilepsy, pulmonary tuberculosis, pneumonia, pleurisy, bronchitis, etc., are clearly and scientifically set forth, the author giving special prominence to the relations of the chemistry of the urine to physiological processes and pathological facts.

The well-known house of The F. A. Davis Company, 1914 and 1916 Cherry St., Philadelphia, will issue the work in September, 1894. The book will be first class in quality of paper, press-work, and binding, and the price most reasonable, namely, \$2.50, net, in extra cloth.

---

## AN EPITOME OF CURRENT MEDICAL LITERATURE.

---

### MEDICINE.

---

**Successful Treatment of Tuberculous Meningitis by Trephining and Drainage of the Sub-arachnoid Space.**—Ord and Waterhouse (*Lancet*, No. 3680, p. 597) have reported the case of a girl, five years old, that had suffered with pain in the head for a month, with occasional vomiting, impaired appetite, constipation and fretfulness. The child was dull and heavy in appearance, and was very restless, from time to time uttering a shrill scream. She lay with her head bent forward and her legs drawn up. The temperature was slightly elevated, the pulse regular and accelerated, but weak, the respiration normal. No lesion of the thoracic or abdominal viscera could be detected. There was marked *tache cérébrale*. The knee-jerks were normal. There was commencing optic neuritis in both eyes, more marked in the left. The pain and the optic neuritis increased in intensity, the pulse became irregular, the child became lethargic and apathetic, and from time to time uttered a hydrocephalic cry. The pupils, at first contracted, subsequently became dilated, but strabismus or ptosis was not

observed. The membranæ tympani were healthy. It was agreed that the condition was one of tuberculous meningitis, and in view of impending coma, as a result of intra-cerebral pressure, it was decided to open the sub-arachnoid space and afford drainage for a few days. A trephine opening was made in the skull on the left side, between the mastoid process and the external occipital crest. The dura bulged into the opening, but no pulsation was visible. The dura and arachnoid were incised, and some thirty drops of a slightly-greenish fluid escaped. The cerebellum then bulged into the opening. A silver probe, bent at a right angle, was then introduced between the cerebellum and the arachnoid, and directed inward toward the falx cerebelli. As soon as the latter was felt, the probe was rotated, so that the end projected toward the sub-arachnoid space, between the cerebellum and the medulla. Some drams of serous fluid at once escaped. A drainage-tube was then passed along the probe and left in position. It was found that the fluid passed very slowly along it. The dura was then sutured, and the fragmented disc of removed bone replaced, room being left for the drainage tube. The flap was adjusted with horse-hair sutures, and the wound was covered with cyanid dressings. The child bore the operation well. The wound discharged rather freely, and the optic neuritis gradually receded. On the eleventh day the wound appeared to be breaking down, and the stitches were removed, presenting gelatinous-looking granulations, in which, however, no specific elements were found. Neither was it possible to find tubercles or hæmorrhages in the chlorid. The drainage-tube was removed on the eighteenth day, and the child was well at the end of a month. Although, in view of the fortunate result, it is admitted that the evidence is not conclusive, it is nevertheless maintained that the case presented the classic picture of tuberculous meningitis, a diagnosis which was concurred in by all of the eight medical men who saw it before operation.—*Medical News*.

**The Safranin-Reaction in Sputum as an Aid to the Differential Diagnosis of Pneumonia from Bronchitis.**—The affinity of mucin for the anilin dyes, pointed out by Flemming,

Schiefferdecker, Hoyer, and others, led S. Schmidt some time ago to suggest a method of differentiating pneumonic from bronchitic sputum by means of the stain of Ehrlich-Biondi, consisting of a mixture of methylene-green, acid fuchsin, and orange G. According to Schmidt, a piece of sputum the size of a pea was shaken in a test-tube with a two and one-half per cent. solution of bichlorid of mercury in alcohol until it was broken up into fine particles; the alcohol was then carefully poured off, and the fixed sputum treated with the diluted triple stain. Sputum which contained large quantities of mucus turned the mixture greenish-blue, while pneumonic sputum changed the color to red, a mixture of the two giving rise to a dirty-violet tint. The reaction has been attributed by Renk, Kossel, Starkow, and others, to the predominance of albumin in pneumonic sputum and of mucus in the sputum of simple bronchitis, and this is probably the correct explanation. The test is a microscopic one and has been manifoldly confirmed, but it is not always reliable, as the reaction is obscured when there are many cellular elements (leucocytes, epithelium) present.

Zenoni ("Ueber Farbenreaktionen des Sputums," *Centralbl. f. innere Med.*, 1894, No. 12) claims that the method which he suggests does away with this difficulty, and, moreover, is an improvement on the old, as his test adds to the naked-eye appearances the possibility of increased precision by means of microscopic examination.

He spreads out a piece of the sputum to be examined on a cover-glass, leaves it in strong alcohol for a quarter of an hour or more until coagulated, and then stains with a half-saturated aqueous solution of safranin. The cover-glass is examined on a white ground; if mucus (bronchitis) predominates the color will be distinctly yellow, if albumin (pneumonic diseases) is in excess the color will be red. The reaction of safranin with mucus occurs so quickly and sharply that there can be but little doubt that a definite chemic combination takes place.

Bizzozero was among the first to observe this peculiar metachromatic action of safranin, when studying the tubular glands of the stomach and intestine. Zenoni has tested the reaction on various mucoid and albuminous substances, and



finds that among others the mucus of the gastro-intestinal tract and of the vagina, the secretions from nasal polypi, synovia, and cartilage undergoing mucoid metamorphosis, turn yellow with safranin, while blood-serum, fibrin, albumin, and peptone invariably give the red color.

The test, as a means of differentiating sputum as an aid to diagnosis, it seems to us, is well worthy of further trial, and it may be, too, that subsequently wider application of the principle may be found in the differentiation by color-reactions of different substances now grouped together under the generic name of the "nucleo-albumins."—*Medical News*.

### Cardiac Asthenia or Heart-exhaustion.

—Death sometimes occurs without more obvious cause than heart-failure. Such an event may be brought about as the result of inflammatory or degenerative changes in the myocardium, or possibly through involvement of the cardiac nervous apparatus. Further, a heart may be intrinsically weak, the myocardium participating in the lack of tone that affects the muscular system generally.

In an address recently delivered before the Medical Classes of the University of Pennsylvania, Dr. J. M. Da Costa\* made an important contribution to this hitherto rather unelaborated subject. In this paper Dr. Da Costa deals with the feeble heart resulting from enervation or asthenia, on the one hand, and with that due to atonicity or intrinsic muscular weakness, on the other hand. In the first of these states, which usually develops in the sequence of nervous strain, the action of the heart is feeble and accelerated; the pulse is small and compressible: there is a sense of uneasiness in the precordium, but rarely actual pain; the extremities are often cold; the temperature is likely to be subnormal. The capillary circulation is poor and the skin pale, though occasionally injected or flushed. The cardiac impulse is feeble. The area of percussion-dulness is unaltered. The rhythm of the heart is rarely disturbed. The first sound is short, feeble, indistinct, lacking in volume, obscure; the second unchanged. The breathing is

\* "Cardiac Asthenia or Heart-exhaustion," *American Journal of the Medical Sciences*, April, 1894, p. 361.

**FOR INVALIDS.**—Delicious Dishes made in a few minutes at a trifling cost.

## WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

**WYETH'S RENNET** makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. Price, 25 cents per bottle.

## FERMENTATIVE DYSPEPSIA.

**WYETH'S COMPRESSED TABLETS.** \* BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. Price, per bottle of 100, \$1.00.

## WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 mins.

## Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is also lately free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

## JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - - General Agents.

conspicuously unaltered, although there may be a sense of oppression. Insomnia may be complained of; depression of spirits is common. The patient is obliged to stay in bed; attempts to rise produce a swooning and a vanishing pulse; or there may be actual syncope. The prognosis is favorable, though the affection pursues a protracted course. Therapeutically rest in bed is the primary indication. When the patient is able to sit up nothing does so much good as graduated shower-baths. Massage, too, may be employed, but it is more useful a little later. Swedish movements may then also be recommended, together with carefully regulated exercise, such as walking, gentle horse-back riding, or light gymnastics. The food should be most nutritious and taken as frequently and in as large quantities as the digestion will tolerate; stimulants must often be resorted to. Errors of secretion and excretion must obviously be corrected. Of drugs, strychnin, in doses of gr. 1/30, three times a day, has proved the most useful; next in value is arsenic; of heart-tonics digitalis is the best; caffeine and cocain are useful; iron is not indicated unless anemia be present; nitroglycerin is of no

avail, unless there be cardiac pain, or unless used in conjunction with digitalis. Bromids, valerian, and opium are to be reserved to meet special indications. The second form of weak heart presents, in addition to the symptoms detailed, shortness of breath, especially on exertion, and edema of the ankles and insteps. The first sound of the heart is even more indistinct and ill-defined; duplication of either sound and functional dynamic apical murmurs are more common. The influences that lead up to this condition are not at all clear; the changes, if any, that take place are not evident. The prognosis is less favorable than in cases of simple cardiac asthenia. The treatment for the two conditions is much the same. It is probable that in some cases the two forms of cardiac weakness here discussed are associated. — *Medical News*.

**Alpha Naphthol in Typhoid Fever.**—MAXIMOWICZ (*Wien. med. Pr.*, No. 10) has employed  $\alpha$ -naphthol with success in the treatment of typhoid fever. He maintains that  $\alpha$ -naphthol is a more active bactericide and a less toxic agent

---

# SOMATOSE

---

A new Meat Extract in powder form, tasteless, and very concentrated.  
Specially suited for Invalids. . . . .

MANUFACTURED ONLY BY

FARBENFABRIKEN, VORMALS FRIEDR. BAYER & CO.

ORIGINAL INVENTORS OF THE WELL-KNOWN REMEDIES

PHENACETINE=BAYER and SULFONAL=BAYER.

For particulars, address

**DOMINION DYEWOOD & CHEMICAL CO.**

WHOLESALE ONLY.

Sole Agents for Canada.

TORONTO.

than *b*-naphthol. Doses of from 7.5 to 15 grains were administered three or four times daily. Under this treatment the morning remissions were prolonged, the tongue became clean, meteorism and the pain in the right iliac fossa subsided and finally disappeared entirely, and the duration of the attack was shortened. The administration was maintained until the temperature had been normal for three or four days. The following formula was found useful :

R *a*-Naphthol ..... ʒijss-ʒiv  
Bismuthi salicylatis ..... ʒjss  
Pulvis cinnamomi vel  
Quininae hydrobromatis ..... ʒj.—M.  
Ft. pulv. no. xx.  
S.—One from four to six times daily.

In case of pronounced meteorism with severe abdominal pain the following formulæ may be used :

R *a*-Naphthol ..... ʒijss  
Bismuthi salicylatis ..... ʒjss  
Pulvis rhei ..... ʒj.  
Extract belladonnae ..... gr. iij.—M.  
Ft. pulv. no. xx.  
S.—One from four to six times daily.

Or—

R *a*-Naphthol ..... ʒijss.  
Codeinæ ..... gr. iij.  
Pulvis rhei ..... ʒss.  
Pulvis cinnamomi cort ..... ʒj.—M.

Ft. pulv. no. xx.

S.—One from four to six times daily.

—*Med. News.*

### Miscellaneous.

ANTISEPTIC SNUFF POWDER.—The following is a combination employed by Dr. Leonard A. Dessar :

R Menthol ..... 10.0  
Tannic acid ..... 2.0  
Boracic acid ..... 30.0  
Bismuth subnitrate ..... 20.0  
Starch ..... 50.0  
Cocaine,  
Aristol ..... āā 0.5

Sig.: Make a fine powder.—*International Journal of Surgery.*

## The Latest and Best.....

### HAPPY RELIEF ABDOMINAL SUPPORTER

24 SPADINA AVE.,

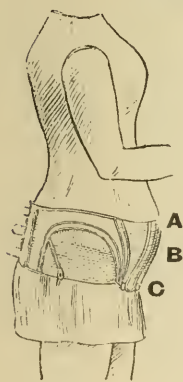
TORONTO, April 7th, 1894.

I have used **Mrs. Pickering's Happy Relief Abdominal Supporter** in my practice, and have found it to give entire satisfaction. A patient who had suffered for many years from an enormous hernia, being almost disabled thereby, has found the most complete relief from its use, and is now able to perform her household duties. She had tried other supporters, without the slightest benefit.

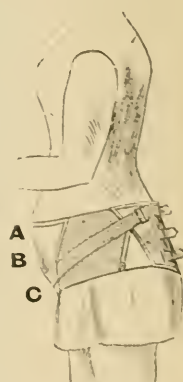
C. McKENNA, M.D.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from C to Navel, and from A to C, also from C to waist.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 1.



No. 2.

Address,

MRS. F. L. PICKERING,

BOX 149,

BRANTFORD,

= - - -

ONTARIO.



Dr. Hopewell, of Canton, N.J., writes: "I have found Burnham's Clam Bouillon the best thing I ever used in summer diarrhoea in children, and ask my fellow practitioners to give it a trial, given by itself or added to other food, its effect is wonderful." Send for sample to E. S. Burnham Co., N.Y.

**FEEDING IN FEVERS.**—Milk is one of the staple foods given to fever patients, but it fails, in a large number of cases to nourish the patient. With Burnham's Clam Bouillon added you get a greater amount of nourishment than anything else. Besides it satisfies the hunger, and containing, as it does, phosphorus lime or sodium, builds up the system.

**THE REMEDY PAR EXCELLENCE.**—In the April, 1894, number of the *Universal Medical Journal*, the companion publication to the "*Annual of the Universal Medical Sciences*," a magazine covering the progress of every branch of medicine in all parts of the world, and both edited by Chas. E. Sajous, M.D., Paris, France, we find the following

notice of antikamnia extracted from an article by Julian, which originally appeared in the *North Carolina Medical Journal*: "The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrine, but it is not attended with depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*."

**CHRONIC CYSTITIS.**—Mr. Martin Chevers writes to the Medical Press that in a troublesome case he witnessed prompt relief from the use of a combination as follows:

R Tinct. collinsoniæ ..... ʒvj.  
Copaibæ ..... ʒiij.  
Liq. Morph. .... ʒss.  
Liq. Potassæ ..... ʒss.  
Ol. menth. pip. .... ℥ iij.  
Aq. camph. .... ad ʒvj.

Sig.: One tablespoonful every three hours.

## ROTHERHAM HOUSE.

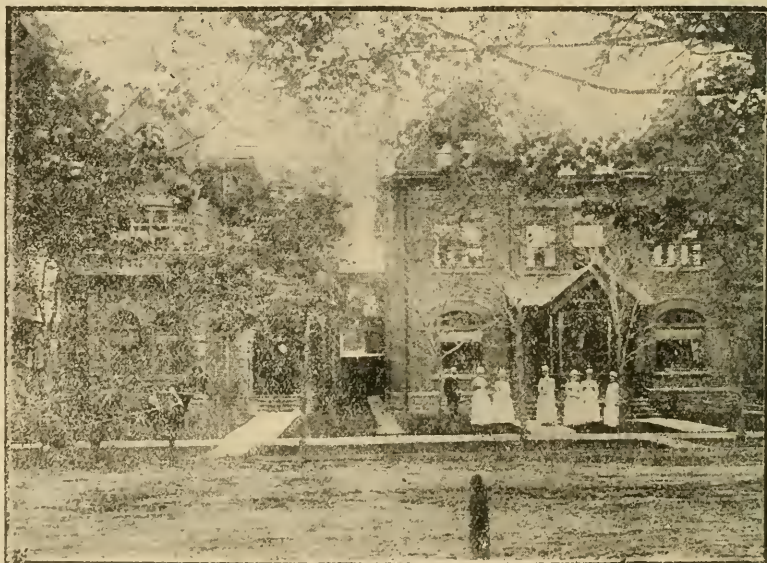
**HOLFORD WALKER, M.D.**

**WILLIAM NATTRESS, M.D.**

A Private Hospital for Diseases of the Nervous System (both sexes), Surgical and other diseases of women, Rheumatism, Incipient Phthisis, etc.

The institution comprises three buildings, thus securing perfect quiet when desired.

The flat roof has been converted into a large promenade deck, securing a cool breeze at all times in summer.



The Hospital is situated in the most healthy locality in Toronto, on the height of land, and, being only a few yards from the Yonge and Church Street motors, is within ten minutes to centre of city, station or wharfs.



### ELECTRICITY

in its various forms is resorted to in all suitable cases.

Trained Nurses for General Nursing, or Masseuses for Massage, can be obtained on application. Also a \* Masseur for the administration of Massage to men.

For Terms, or other information desired, address

**HOLFORD WALKER, M.D.,** Isabella St., TORONTO.

BRONCHO-PNEUMONIA.—For the cough :

R Antipyrin..... gr viij.  
Syrup of cinchona..... ̄j.  
Syrup of eucalyptus..... ̄x.  
Peppermint-water..... ̄jiss.

M. Teaspoonful every hour.

If there is a tendency to collapse :

R Acetate of ammonium..... ̄ss.  
Malaga wine..... ̄ij.  
Syrup of ether..... ̄v.  
Peppermint-water..... ̄x.

M. Teaspoonful every hour.

During convalescence :

R Syrup of cinchona..... ̄x.  
Syrup of terpene..... ̄jiss.  
Syrup of iodide of iron..... ̄ij.  
Peppermint water ..... ̄jiss.

M. A teaspoonful thrice daily.

—*La Tribune Méd.*

SYPHILIS.—In the case of a woman suffering from extreme tenderness of the periosteum over the sternum, with a thickening of the walls of the blood vessels, Dr. Porter prescribed with advantage :

R Hydrarg-biniodi ..... gr. i-iss.  
Amm.-iodidi..... ̄ij.  
Potass.-iodidi..... ̄iv.  
Syr. auranti cort..... ̄j.  
Tr. auranti..... ̄j.  
Aquæ..... q. s. ad ̄ijij.

Sig. : T. i. d.

—*Post-Graduate.*

CERTAIN ANTIDOTES.—F. Schilling states that the ill-effects of the salicylates can be counteracted by the simultaneous administration of ergot. Conversely, he has employed with success salicylate of sodium in a grave case of ergotism. He therefore recommends the salicylate as an antidote to ergot.

He also recognizes nitrate of amyl as an antidote to cocaine. In a case of intoxication caused by the inhalation of about  $\frac{1}{2}$  drachm of nitrate of

## MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says :

"I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies."

PROMPT ATTENTION GIVEN TO ALL ORDERS

WRITE OR CALL

## VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT

amyl the injection of  $\frac{1}{4}$  drachm of a 5-per-cent. solution of cocaine caused a rapid disappearance of the symptoms.

M. O. Schobert recommends saccharated lime as an antidote to carbolic acid, when the latter is supposed to be still in the stomach, and the sulphate of sodium when the acid has passed into the bowel. The formula for preparing saccharated lime is :

R Calcined lime..... 15 parts.  
Sugar..... 25 parts.  
Water.....q. s. ad. 1000 parts.

M.

Saccharated lime is also a good antidote to oxalic acid.—*La Méd. Moderne.*

COLOGNE-WATER IN CORYZA.—M. Roux, of Lyons, states that he has, in a number of instances, aborted Coryza by causing the patient to inhale strongly by the nose and mouth cologne-water poured upon a handkerchief. By the same means he claims to have jugulated slight attacks of broncho-tracheitis.—*Rev. Méd. Pharmaceutique.*

#### DILLON'S DENTIFRICE :

R Powdered chlorate of potassium, ʒj.  
Powdered salol,  
Powdered chalk,  
Powdered charcoal,  
Powdered cinchona..... āā ʒiiss.

—*Rev. Méd. Pharmaceutique.*

#### CHRONIC CONSTIPATION :

R Tincture nucis vomicae ..... ʒij.  
Ext. cascaræ sagradæ fl. .... ʒiv.  
Ext. rhamni frangulæ fl. .... ʒj.  
Elixir glycyrrhizæ, q. s. ad. .... ʒiij.

M. Sig: One teaspoonful at bed-time every night ; to be repeated in the morning if necessary.

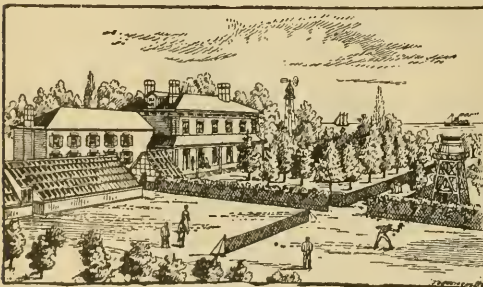
CHANCROID.—After cleansing with peroxide of hydrogen, Aaron applies, with a tooth-pick and absorbent cotton, a solution of :

R Iodoform..... ʒj.  
Collodion ..... ʒj.  
Oil of Peppermint..... ℥x.

This produces a sharp burn for a few minutes, but after it is dried it forms a protection.—*Phila. Polyclinic.*

## LAKEHURST SANITARIUM

### OAKVILLE, ONT.



FOR THE TREATMENT OF

## INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some FIRST-CLASS SANITARIUM. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at LAKEHURST SANITARIUM rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

**LAKEHURST PARK** is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

**C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,**  
OAKVILLE.



**DYSPEPSIA.**—When accompanied by hyperacidity of the stomach, with pain or vertigo, Robin prescribes :

R Bitartrate of potassium . . . . . ʒiij.  
 Sublimed sulphur . . . . . ʒi¼.  
 Prepared chalk . . . . . ʒss.  
 Dover's powder . . . . . gr. xv.

M. and divide into 10 powders. One powder to be taken before each meal.

If the pains are severe :

R Hydrochl. of morphine,  
 Hydrochl. of cocaine . . . . . āā gr. ⅓.  
 Lime-water . . . . . ʒiij.

M. Sig. : Teaspoonful at a dose.—*Le Prog. Med.*

**SALICYLATE OF SODIUM IN CANCER.**—In a case where the bone had become involved, secondary to cancer of the breast, Aikmann obtained decided relief of pain by the administration of salicylate of sodium in doses of 10 grains three times a day. Large doses of opium had been given in vain.—*Glasgow Medical Journal.*

**TERRALINE IN BRONCHO PNEUMONIA.**—In a case of broncho-pneumonia following epidemic influenza, Dr. J. R. Garber, of Stanton, Ala., obtained excellent results from the administration of terraline.—*Nat. Med. Rev.*

FOR NEURALGIA :

R Ferri tartarati . . . . . gr. ij.  
 Quininæ sulphatis . . . . . gr. ij.  
 Acidi tartarici,  
 Extract nucis vomicæ . . . . . āā gr. ss.

\* Misce et fiat pilula. Sig. : Take 1 three times a day.—*Gross Med. Coll. Bulletin.*

**PHENOCOLL HYDROCHLORIDE IN CHILDHOOD.**—Dr. E. Modigliani has employed it in Italy, with the result that 6 out of 7 cases of chorea were cured in a few days ; 10 out of 13 cases of convulsions were cured and 1 improved ; and 11 out of 13 cases of various fevers showed considerable reduction of temperature without producing any disturbance.—*Times and Registrar.*

## THE ACID CURE.

**H**ITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., we will forward to any qualified practitioner for 35c.

### TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

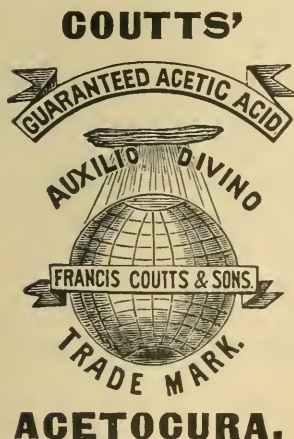
"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." By JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure.—The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. F. Coutts in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power ; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, then to neutralize the poison and overcome the morbid condition ; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."



We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

LONDON, GLASGOW and MANCHESTER,

**COUTTS & SONS,**  
 72 Victoria St., TORONTO.

## CATARRH OF GALL-DUCTS:

R Sodii phosphat. . . . . ʒj.  
 Bicarbonate of Soda. . . . . ʒss.  
 Extr. taraxaci fl. . . . . flʒj.  
 Aq. menth. pip. . . . . ʒij.  
 Syr. cort. aurant. . . . . flʒj.

M. Sig.: Teaspoonful three times a day.—  
*Méd. Rev.*

DIPHTHERIA.—In diphtheria and other forms of angina, accompanied by false membrane, M. Piedalu employs:

R Iodide of potassium. . . . . ʒiss.  
 Biniodide of mercury. . . . . gr. viij.  
 Simple syrup . . . . . Oij.

M. Sig.:—Teaspoonful or a dessertspoonful every two hours.

At the end of several hours the signs of mercurialism appear, and the dose should be diminished. As the membranes loosen, M. Piedalu removes them and touches the surface thrice daily with Van Swieten's solution. He asks for a trial of this method, which he has found to give good results.—*La Prog. Méd.*

ANTIDIABETIC POWDER.—The formula of Dr. Monin is:

R Bicarbonate of sodium. . . . . ʒij.  
 Benzoate of sodium. . . . . ʒx.  
 Salicylate of sodium. . . . . ʒv.  
 Carbonate of lithium. . . . . ʒss.

M. Sig.: Teaspoonful at each meal.—*Rev. Méd. Phar.*

NIGHT-SWEATS.—Dr. Olszewski highly recommends the fluid extract of *hydrastis canadensis* in the dose of 20 to 30 drops. When the transpiration is profuse he raises the dose to 25 or 30 drops three times a day.—*La Méd. Mod.*

## MIGRAINE:

R Butyl-chloral hydrate. . . . . gr. xv.  
 Tinct. gelsemium. . . . . ℥xxx.  
 Tinct. cannabis Ind. . . . . ℥xv.  
 Glycerin . . . . . ʒss.  
 Water . . . . . q. s. ad ʒiij.

M. Sig.: A third part to be taken at once. The dose to be repeated in half an hour.—  
*Practitioner.*

## RELIABLE AND PROMPT

### Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon **SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES** to accomplish more than can possibly be obtained from plain cod-liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. **SCOTT'S EMULSION** remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

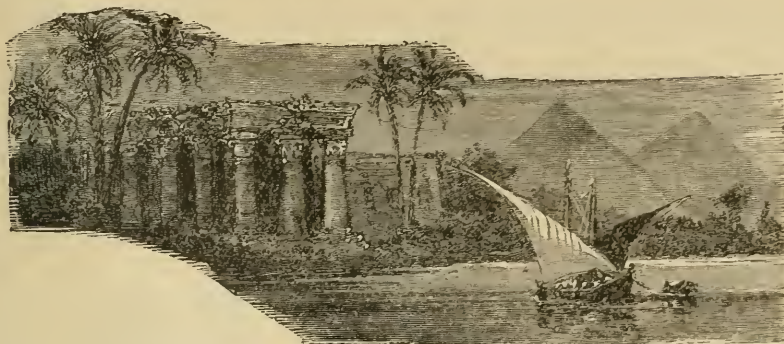
SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.

# In Convalescence

Doctors frequently tell their patients that a **change of climate** or a **sea voyage** would be the best thing for them. . . . .



Very few people, however, can afford to follow this advice, so it is necessary to suggest a substitute.

THE LEADING PHYSICIANS PARTICULARLY RECOMMEND

## WYETH'S BEEF, IRON AND WINE AS A STRENGTH GIVER.

IT IS A VALUABLE RESTORATIVE FOR CONVALESCENTS.

In this preparation are combined the stimulating properties of Wine, the nutriment of Beef with the tonic powers of Iron. Each tablespoonful contains the essence of one ounce of Beef, with two grains of Citrate of Iron dissolved in Sherry Wine.

**A**S a nutritive tonic, it would be indicated in the treatment of Impaired Nutrition, Impoverishment of the Blood, and in all the various forms of General Debility.

Prompt results will follow its use for Pallor, Palpitation of the Heart, and cases of Sudden Exhaustion, arising either from acute or chronic diseases.

Doctors, and members of other professions, find it very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

Physicians and patients have been much disappointed in the benefit anticipated, and often ill-effects have been experienced from the use of the many imitations claiming to be the same, or as good as Wyeth's. In purchasing or prescribing, please ask for "WYETH'S," and do not be persuaded to take any other.

JOHN WYETH & BRO.,      DAVIS & LAWRENCE CO. (LTD.) MONTREAL

Manufacturing Chemists, PHILADELPHIA.

General Agents for the Dominion.

P.S.—A sample bottle will be mailed you free of charge if you will write the D. & L. Co

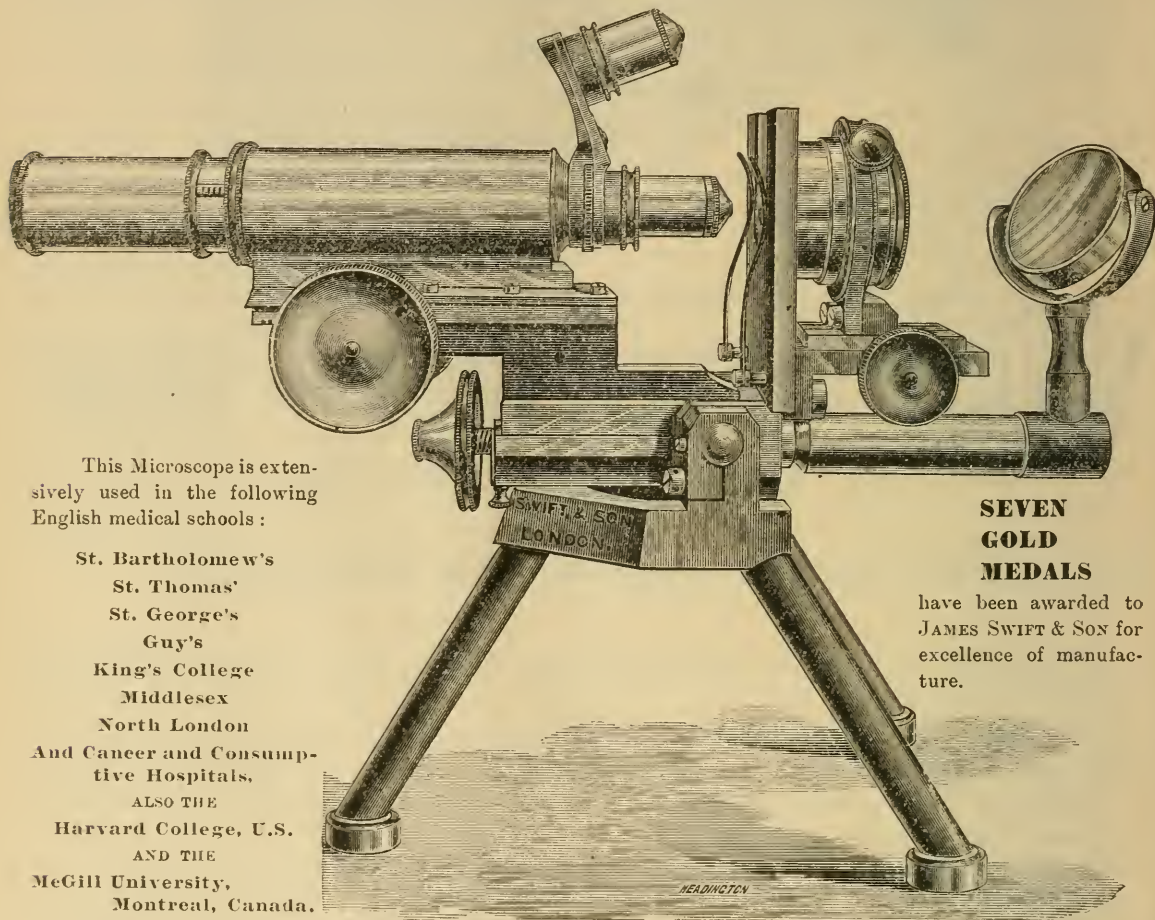


# JAMES SWIFT & SON

## Manufacturing Opticians.

Specially appointed to the ROYAL COLLEGE OF SCIENCE, South Kensington, London.

**NEWLY CONSTRUCTED BACTERIOLOGICAL MICROSCOPE**, as shown in wood-cut, with coarse and fine adjustment; draw-tube extending from 160 to 220 mm; large stage, suitable for taking culture plates; full compound substage for carrying understage optical system; Abbe condenser of 1.2 N A, with iris diaphragm 1" 0.17 or  $\frac{3}{8}$ " 0.30,  $\frac{1}{8}$ " 0.65 and  $\frac{1}{16}$ " oil immersion 1.25; two oculars and double nose-piece in cabinet, **£16 10s.**



This Microscope is extensively used in the following English medical schools:

St. Bartholomew's  
St. Thomas'  
St. George's  
Guy's  
King's College  
Middlesex  
North London  
And Cancer and Consumptive Hospitals,  
ALSO THE  
Harvard College, U.S.  
AND THE  
McGill University,  
Montreal, Canada.

### SEVEN GOLD MEDALS

have been awarded to JAMES SWIFT & SON for excellence of manufacture.

The above microscope, with coarse and fine adjustments, one eye-piece, iris diaphragm,  $\frac{1}{8}$ " and 1", or  $\frac{3}{8}$ " objectives, in cabinet, **£6 15s.** With sliding-tube in place of coarse adjustment, **£5 5s.**

Reprint from *English Mechanic*, May 4th, 1894:

### "A NEW MICROSCOPE.

"Dr. Dallinger, F.R.S., said he had long striven to get an inexpensive instrument of thoroughly good quality, suitable for histological work, so that the student need not go to Germany to get his microscope."

We thoroughly endorse Dr. Dallinger's remarks, and are sure any reader in search of a good and moderate-priced instrument will go much farther before he will find its equal—if he does then.

The  
College  
of  
Physicians  
and  
Surgeons  
of  
Ontario

SEPTEMBER EXAMINATIONS, 1894  
TO BE HELD IN TORONTO

THE PRIMARY AND FINAL EXAMINATIONS commence on **Tuesday, the 11th of September, 1894, in Toronto,** at 9.30 a.m.

By Order,

R. A. PYNE, REGISTRAR,

TORONTO, ONT.

N.B.—Candidates' application forms may be had on application to the Registrar. The application is to be properly filled out, declaration executed, and delivered into the hands of the Registrar, accompanied by the tickets and certificates and Treasurer's receipt, not later than the **4th of September, 1894.** All candidates for final examination are required to present their primary tickets and certificates with certificate of registration as a matriculate at the same time.

The Treasurer's address is, DR. W. T. AIKINS, 278 Jarvis Street, Toronto.

DR. LAPHORN SMITH'S  
*Private Hospital for*  
*Diseases of Women*  
250 BISHOP ST., MONTREAL.

For terms, etc., address DR. LAPHORN SMITH, MONTREAL.

Ontario Medical Journal  
Published Every Month.

*The Only Journal Reaching the Entire  
Medical Profession in Canada.*

For Advertising Rates apply to

147 Cowan Avenue, TORONTO.

Agents for the "British Medical Journal."

Medical Council Elections  
1894

To Members of the College of Physicians and Surgeons  
of Ontario:

I HEREBY GIVE NOTICE, in accordance with By-Law No. 59 of the Ontario Medical Council, that the time for receiving nominations of representatives to the Medical Council of Ontario will close at the hour of **2 o'clock, p.m., on Tuesday, the 9th of October, 1894.**

And that elections will be held in all Territorial Divisions where more than one candidate has been properly nominated; that the time for receiving votes in such divisions will close at the hour of **2 o'clock, p.m., on Tuesday, the 30th of October, 1894.**

By Order,

R. A. PYNE, REGISTRAR,

College of Physicians and Surgeons of Ontario.



# McGILL UNIVERSITY, MONTREAL.

## Faculty of Medicine. Sixty-second Session, 1894-95.

### FACULTY.

SIR WILLIAM DAWSON, C.G.M., LL.D., F.R.S., Emeritus Principal and Professor of Natural History.  
ROBERT CRAIK, M.D., Dean of the Faculty.

### EMERITUS PROFESSORS.

W. WRIGHT, M.D.; L. R. C. S. DUNCAN; C. McCALLUM, M.D., M.R.C.S.E.

### PROFESSORS.

ROBT. CRAIK, M.D., Prof. of Hygiene and Public Health.  
G. P. GIRDWOOD, M.D., M.R.C.S. Eng., Prof. of Chemistry.  
THOS. G. RODDICK, M.D., Prof. of Surgery and Clinical Surgery.  
WILLIAM GARDNER, M.D., Prof. of Gynæcology.  
F. J. SHEPHERD, M.D., M.R.C.S., Eng., Prof. of Anatomy and Librarian of the Faculty.  
F. BULLER, M.D., M.R.C.S. Eng., Prof. of Ophthalmology and Otology.  
JAMES STEWART, M.D., Prof. of Medicine and Clinical Medicine.

GEO. WILKINS, M.D., M.R.C.S., Prof. of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B.Sc., Prof. of Botany.  
T. WESLEY MILLS, M.A., M.D., L.R.C.P. London, Prof. of Physiology.  
JAS. C. CAMERON, M.D., M.R.C.P.I., Prof. of Midwifery and Diseases of Infancy.  
R. F. RUTTAN, B.A., M.D., Assistant Prof. of Chemistry, and Registrar of the Faculty.  
JAS. BELL, M.D., Assistant Prof. of Surgery and Clinical Surgery.  
J. G. ADAMI, M.A., M.D., Cantab. Prof. of Pathology.  
G. W. MAJOR, B.A., M.D., Prof. of Laryngology.

### LECTURERS.

T. JOHNSON ALLOWAY, M.D., Lecturer in Gynæcology.  
F. G. FINLEY, M.B. (Lond), M.D. (McGill), Lecturer in Medicine and Clinical Medicine.  
H. S. BIRKETT, M.D., Lecturer in Laryngology and Senior Demonstrator of Anatomy.

HENRY A. LAFLEUR, B.A., M.D., Lecturer in Medicine and Clinical Medical.  
GEO. ARMSTRONG, M.D., Lecturer in Surgery and Clinical Surgery.  
T. J. W. BURGESS, M.D., Lecturer on Mental Diseases.

### DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

WM. R. SUTHERLAND, M.D., Demonstrator in Surgery.  
WYATT JOHNSTON, M.D., Demonstrator in Bacteriology.  
JOHN. M. ELDER, B.A., M.D., Assistant Demonstrator in Anatomy.  
J. G. MCCARTHY, B.A., M.D., Assistant Demonstrator in Anat. my.

D. J. EVANS, M.D., Assistant Demonstrator in Obstetrics.  
N. D. GUNN, M.D., Assistant Demonstrator in Histology.  
W. S. MORROW, M.D., Assistant Demonstrator in Physiology.  
R. C. KIRKPATRICK, B.A., M.D., Assistant Demonstrator in Surgery.  
C. F. MARTIN, B.A., M.D., Assistant Demonstrator in Bacteriology.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July, to be taken after the third Winter Session.

The Sixty-second Session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating seventy-six students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students, 48 x 40 feet. The first flat contains the research laboratory, culture rooms and the professor's private laboratory, the ground floor being used for the curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, is now open, and students have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be twenty-one years of age, having studied medicine during four six months' Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to

**R. F. RUTTAN, M.D., REGISTRAR,**  
Medical Faculty, McGill College.



ENDORSED AND PRESCRIBED BY THE MEDICAL PROFESSION FOR OVER A QUARTER OF A CENTURY.

WM. R. WARNER & CO.'S  
SOLUBLE COATED PILLS

These Pills are unequalled in their accredited properties, viz.: RELIABILITY,  
SOLUBILITY, PERMANENCY, and ACCURATE DOSAGE.

We append an abridged list of selected formulæ, of value to the general practitioner, any of which we will forward by mail on receipt of price.

SOLUBLE COATED PILLS.		BOTTLE		SOLUBLE COATED PILLS.		BOTTLE	
		100	500			100	500
<b>Abernethy's</b> (Aperient) .....		75	3 50	Pulv. Ipecac, 1-10 gr.			
Dose, 1.				Maas Hydrarg., 2 grs.			
Pulv. Aloes Socot., 2 grs.				Ext. Coloc. Co., 2 grs.			
Pulv. Ipecac. 5-6 gr.				<b>Aperient</b> (Dr. Fordyce Barker) .....		1 00	4 75
Pil. Hydrarg., 1 gr.				Med. prop.—Aperient. Dose, 1 to 2.			
Ext. Hyoscyam., 2 grs.				Ext. Coloc. Co., 1 2-3 grs.			
<b>Ague</b> .....		75	3 50	Ext. Nuc. Vom., 1-2 gr.			
Medical properties—Antiperiodic.				Ext. Hyoscyam., 1 1-4 grs.			
Dose, 2 to 4.				Pulv. Ipecac, 1-12 gr.			
Chinoidin. 2 grs.				Pulv. Aloes Soc., 5-12 gr.			
Ext. Coloc. Comp., 1-3 gr.				Res. Podophylli, 1-12 gr.			
Ol. Pip. Nig., 1-6 gr.				<b>Cascara Comp</b> .....		75	3 50
Ferri Sul., 1-2 gr.				Med. prop.—Laxative Cathartic.			
<b>Anthelmintic</b> .....		1 00	4 75	Dose, 2 to 4.			
Med. properties—Anthelmintic.				Ext. Cascara Sagrad., 3 grs.			
Dose, 1 to 2.				Res. Podophylli, 1-8 gr.			
Santonin, 1 gr.				<b>Chalybeate</b> , 3 grs. ....		60	2 75
Calomel, 1 gr.				Med. prop.—Antichlorotic. Dose,			
<b>Anti-Bilious</b> (Vegetable) .....		50	2 25	1 to 5.			
Med. prop.—Cholagogue, Cathartic.				Ferri Sulph., 1 1-2 grs.			
Dose, 2 to 3.				Potassa Carb., 1 1-2 grs.			
Pv. Ext. Col. Co., 2 1-2 grs.				<b>Cathartic Comp. Cholagogue</b> .....		60	2 75
Podophyllin. 1-4 gr.				Med. prop.—Cathartic. Dose, 1			
<b>Anti-Constipation</b> .....		75	3 50	to 2.			
Dose, 1 to 4.				Res. Podophylli. 1-2 gr.			
Podophyllin, 1-10 gr.				Pil. Hydrarg., 1-4 gr.			
Ext. Nuc. Vom., 1-4 gr.				Ext. Hyoscyami, 1-8 gr.			
Pv. Capsici, 1-4 gr.				Ext. Nuc. Vom., 1-16 gr.			
Ext. Belladon., 1-10 gr.				Ol. Res. Capsici, 1-8 gtt.			
Ext. Hyoscyami, 1-4 gr.				<b>Ergotine Comp.</b> (Dr. Reeves) .....		1 75	8 50
<b>Anti-Dyspeptic</b> .....		1 00	4 75	Med. properties—Sedative, Parturi-			
Med. prop.—Applicable where Debil-				ent. Dose, 1.			
ity and Impaired Digestion exist.				Ergotine, 3 grs.			
Dose, 1 to 2.				Ext. Cannab. Ind., 1-4 gr.			
Strychniæ, 1-40 gr.				Ext. Belladon., 1-4 gr.			
Ext. Belladonnæ, 1-10 gr.							

Prepared only by **WM. R. WARNER & CO.** Originators and Manufacturers of Reliable Effervescent Preparations.  
**PHILADELPHIA. NEW YORK. LONDON.**

Preparations supplied by all leading druggists.  
The following well-known houses in the Dominion will supply Warner & Co.'s standard preparations:  
LYMAN, SONS & CO. .. .. . MONTREAL  
EVANS, MASON'S & CO. .. .. . MONTREAL  
KENNETH CAMPBELL & CO. .. .. . MONTREAL  
R. J. DEVINS .. .. . HAMILTON  
J. WINER & CO. .. .. . HAMILTON  
KERRY, WATSON & CO., MONTREAL  
LYMAN BROS. & CO. .. .. . TORONTO  
ELLIOT & CO. .. .. . LONDON  
LONDON DRUG COMPANY .. .. . LONDON  
R. W. MCCARTHY .. .. . ST. JOHN  
BROWN & WEBB .. .. . HALIFAX

PREPARED BY

W. R. WARNER & CO.

1228 Market Street, PHILADELPHIA.

# Soluble Coated Pills.

The coating of the following Pills will dissolve in four and a half minutes.

## Pil. Lady Webster.

(WM. R. WARNER & CO.)

R—Pulv. Aloes.....2 grains. | Pulv. Rose los..... $\frac{1}{2}$  grain.  
" Mastic .. $\frac{1}{2}$  grain. | M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officially designated as Aloes and Mastic, U.S.P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

Per 100, 50 cents.

## Pil. Ferri Iodide.

(WM. R. WARNER & CO.)

ONE GRAIN IN EACH.

The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Abscesses, Loss of Appetite, Dyspepsia, etc.

In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

With this important fact in view, we have devoted special study to Iodide of Iron in pillular form, and we are warranted in announcing that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, being the most perfect preparation of the kind.

Per 100, 80 cents.

## Pil. Sumbul Comp.

(WM. R. WARNER & CO.)

(Dr. Goodell.)

R—Ext. Sumbul.....1 gr. | Ferri Sulph. Ext .....1 gr.  
Assafœtida .....2 gr. | Ac. Arsenious .....1-30 gr.

"I use this pill for nervous and hysterical women who need building up." This pill is used with advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo-Soda, one or two pills taken three times a day.

Per 100, \$1.50.

## Pil. Chalybeate.

(WM. R. WARNER & CO.)

Proto-carb. of Iron, 3 Grains. Dose, 1 to 3 Pills.

(WM. R. WARNER & CO.'S FERRUGINOUS PILLS)

Ferri Sulph.  $\text{Fe SO}_4$  } = Ferri Carb.  $\text{Fe CO}_3$   
Potass. Carb.  $\text{K}_2 \text{CO}_3$  } Potass. Sulph.  $\text{K}_2 \text{SO}_4$

Per 100, 60 cents.

## Pil. Chalybeate Comp.

(WM. R. WARNER & CO.)

Same as Pil. Chalybeate with  $\frac{1}{2}$  gr. Ext. Nux Vomica added to each Pill to increase the tonic effect. Dose, 1 to 3 Pills.

Per 100, 80 cents.

## Pil. Digestiva.

(WM. R. WARNER & CO.)

A VALUABLE AID TO DIGESTION.

R—Pepsin Conc'd .....1 gr. | Gingerine .....1-16 gr.  
Pv. Nux Vom ..... $\frac{1}{4}$  gr. | Sulphur ..... $\frac{1}{2}$  gr.

IN EACH PILL.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a dinner pill, Pil. Digestiva is unequalled, and may be taken in doses of a single pill either before or after eating.

100 box, 75 cents.

## Pil. Antiseptic Comp.

(WM. R. WARNER & CO.)

EACH PILL CONTAINS

Sulphite Soda .....1 gr.  
Salicylic Acid .....1 gr.  
Ext. Nux Vomica ..... $\frac{1}{4}$  gr.  
Powd. Capsicum .....1-10 gr.  
Concentrated Pepsin .....1 gr.

Dose, 1 to 3 Pills.

Pil. Antiseptic Comp. is prescribed with great advantage in cases of Dyspepsia, Indigestion and Malassimilation of food.

Per 100, 80 cents.

## Pil. Aloin, Belladonna and Strychnine.

(WM. R. WARNER & CO.)

R—Aloin, 1-5 gr. Strychnine, 1-60 gr. Ext. Belladonna,  $\frac{1}{2}$  gr.

Medical Properties—Tonic, Laxative. Dose, 1 to 2 Pills.

Try this Pill in habitual Constipation.

Per 100, 60 cents.

## Pil. Arthrosia.

(WM. R. WARNER & CO.)

For Cure of Rheumatism and Rheumatic Gout.

Formula.—Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum.

Almost a specific in Rheumatic and Gouty Affections.

Per 100, 60 cents.

Please specify W. WARNER & CO., and order in original bottles of one hundred to secure the full therapeutic effect.  
Sent by mail on receipt of price.

# UNIVERSITY OF THE CITY OF NEW YORK.

## MEDICAL DEPARTMENT.

FIFTY-FOURTH YEAR, 1894-95.

## SPECIAL ANNOUNCEMENT.

The Session of 1894-95 will begin Wednesday, October 3rd, 1894.

Attention is called to the fact that the curriculum has recently been entirely remodelled and greatly improved. It now consists of a three years' graded course, divided as follows:—

- 1st Year.**—Lectures and recitations from text-books on Anatomy, Physiology and Chemistry. Dissection and Laboratory work in Histology, Materia Medica and Chemistry.
- 2nd Year.**—Lectures on Surgical and Regional Anatomy, Experimental Physiology, Experimental Chemistry, Physics and Hygiene, and Materia Medica. Recitations from text-books on Pathological Anatomy, Practice of Medicine, Surgery, Materia Medica, Obstetrics and Demonstrations on the Manikin. Laboratory work in Pathology; Clinics in Bellevue Hospital and the College Building on Medicine, Surgery and Gynecology, and Practical Clinical work in Sections in Medicine and Surgery.
- 3rd Year.**—Lectures on Practice of Medicine, Surgery, Obstetrics, Gynecology, Therapeutics and Pathology, with Autopsies. Bedside teaching in small classes in the Wards of Bellevue Hospital on Medicine, Surgery and Gynecology. Clinics in Bellevue Hospital and the College Building on Medicine, Surgery and Gynecology.

### Special Clinics.

OPHTHALMOLOGY.  
OTOLOGY.

LARYNGOLOGY.  
ORTHOPEDY.

PEDIATRICS.  
SKIN DISEASES.

VENEREAL DISEASES.  
NERVOUS DISEASES.

Examinations are held at the close of each year.

The marks received for proficiency in practical work in the Laboratory, Dissecting Room, etc., are added to the final examination marks in each corresponding subject.

## Faculty of Medicine.

REV. H. M. MACCRACKEN, D.D., - *Chancellor.*  
CHAS. INSLEE PARDEE, M.D., - *Dean.*

### PROFESSORS.

ALFRED L. LOOMIS, M.D.	R. A. WITTHAUS, M.D.	STEPHEN SMITH, M.D.	C. S. BULL, M.D.
W. H. THOMSON, M.D.	WM. G. THOMPSON, M.D.	A. E. MACDONALD, M.D.	H. G. PIFFARD, M.D.
WM. M. POLK, M.D.	GEO. WOOLSEY, M.D.	J. C. EDGAR, M.D.	J. E. WINTERS, M.D.
L. A. STIMSON, M.D.	H. P. LOOMIS, M.D.	E. D. FISHER, M.D.	

### CLINICAL PROFESSORS.

P. A. MORROW, M.D.	A. M. PHELPS, M.D.
C. G. COAKLEY, M.D.	E. LEFEVRE, M.D.

### ADJUNCT PROFESSORS.

C. E. QUINBY, M.D.	JOHN B. KNAPP, M.D.
F. W. GWYER, M.D.	JUSTIN L. BARNES, M.D.
IRVIN SICKELS, M.D.	IRVING S. HAYNES, M.D.

The College possesses a corps of 64 Professors and Instructors in its various departments; and in addition to well-equipped Laboratories and a Dispensary where 20,000 visits are annually paid, it offers to students exceptional facilities for practical instruction at the bedside in Bellevue Hospital, which is directly opposite the College buildings.

### FEES.

For course of Lectures	\$150 00
Matriculation	5 00
Demonstrator's Fee, including material for dissection	10 00
Final Examination Fee	30 00

For further particulars and circulars, address the Dean.

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.



# New York Post-Graduate Medical School and Hospital.

THIRTEENTH YEAR. SESSIONS OF 1894-95.

SUMMER TERM.

The summer term of this Institution, which is now permanently located in its new building, will open on June 1st. The capacity of the new structure allows of a very large dispensary, and the accommodation of 190 patients. The summer term offers advantages of its own to the practitioner, in that the classes in attendance at the School are smaller. The instruction is given by members of the Faculty, expressly chosen for this purpose, and will be practical and thorough.



Physicians living in the immediate vicinity, or at a convenient distance from New York, can secure the clinical advantages they desire by purchasing "coupon tickets," available for certain days of the week. Fees for the summer term are one half those of the winter.

For Catalogue and Schedule, address

**F. EUGENE FARRELL, SUPT.**

**CLARENCE C. RICE, M.D., SECRETARY,**

Cor. 2nd Ave. and 20th St., New York City.

## Queen's University

MEDICAL FACULTY,

**AND ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.**

*The Forty-first Session will commence on Tuesday, October 2nd, 1894.*

Certificates of Attendance are recognized by the Royal College of Surgeons of London and Edinburgh, so that those possessing the degree of M. D. of Queen's University, of the Licentiate of the Royal College, are entitled to all the privileges in Great Britain that are accorded to graduates of any other Colonial College. **Unrivalled opportunities** are afforded for the study of

### **PRACTICAL ANATOMY,**

and every branch of Medical Science is taught in a thoroughly practical manner, and in accordance with the requirements of the *Medical Council of Ontario*, by a full staff of

PROFESSORS, LECTURERS and DEMONSTRATORS.

For further information application may be made to the HON. DR. SULLIVAN, *Professor of Surgery*, or to

**FIFE FOWLER, Dean.**

KINGSTON, ONT.

# GRACE HOSPITAL

(Homœopathic)

College and Huron Sts., Toronto.



This Hospital, the only Homœopathic Institution in Canada, is situated in the most desirable portion of the city, accessible by street cars from every quarter, and capable of accommodating upwards of 100 patients. The building is extremely bright and cheerful, steam-heated throughout, and fitted with every modern convenience. To the west of the main building, and connected therewith, is a large residence which is used as a maternity ward.

All cases suitable for hospital treatment, both medical and surgical, are received, and private patients are permitted the attendance of any qualified practitioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homœopathic treatment.

**BOARD OF TRUSTEES:**—HIS HONOUR JOSEPH E. MACDOUGALL, *Chairman*; EDWARD GURNEY, ESQ.; W. B. McMURRICH, ESQ.; J. D. NASMITH, ESQ.; FRED. ROPER, *Sec'y-Treas.*, No. 2 Toronto St., Toronto; MISS LOUISE BRENT, *Superintendent*; MISS F. E. SHANLY, *Secretary*, Grace Hospital.

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1894-95.

### MEDICAL DEPARTMENT

OF THE

## Western University of Pennsylvania.

The Regular Session begins on the third Tuesday of September, 1894, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is requisite for graduation. A three years graded course is provided. Four years required from April, 1895. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1895, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which, address the Secretary of Faculty.

PROF. T. M. T. McKENNAN, 810 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE, 2107 Penn Ave., Pittsburg.

## ALLAN & CO.

HAVE IN STOCK AND ARE OFFERING THE PHYSICIANS  
AND SURGEONS A COMPLETE LINE OF

Slumber Rolls

Atomizers

Silk Stockings

Trusses

Water Bottles

Enemas and Fountain

Syringes

Clinical Thermometers

Surgeons' Sponges

Caustic Points, etc.

Being agents for the IDEAL RUBBER COMPANY, of Brooklyn, N.Y., we are in a position to quote the very lowest prices on all rubber goods.

## ALLAN & CO.,

E. B. S. FLUID EXTRACTS.

53 Front Street East.



**DR. RYERSON**

BEGS TO ANNOUNCE TO THE PROFESSION THAT HE  
HAS OPENED A

**Private Hospital**

FOR

EYE and EAR Cases.



Apply at

**60 COLLEGE STREET,**

**TORONTO.**

**DR. TEMPLE'S****Private Hospital,**

BELLEVUE HOUSE,

**87 BELLEVUE  
AVENUE**

**TORONTO.**

DR. TEMPLE  
announces to the  
Medical Profes-  
sion that he has  
opened his new

**PRIVATE  
HOSPITAL**

for the treatment  
of Medical and  
Surgical Diseases  
of Women.



For particulars as to weekly charges, etc.,  
address:

**J. ALGERNON TEMPLE, M.D.,**

**203 Simcoe Street, - - Toronto.**

**Private Orthopædic Hospital**

FOR DEFORMITIES, JOINT AND  
SPINAL DISEASES. . . . .

Apply for terms to . . **W. W. BREMNER, M.D.**

**39 Bloor Street East, - - Toronto.**

**WHEELER'S TISSUE PHOSPHATES.**

**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Bone Calcium Phosphate  $\text{Ca}_2\text{PO}_4$ , Sodium Phosphate  $\text{Na}_2\text{HPO}_4$ , Ferrous Phosphate  $\text{Fe}_2\text{PO}_4$ , Trihydrogen Phosphate  $\text{H}_3\text{PO}_4$ , and the Active Principles of Calisaya and Wild Cherry. The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Developments, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Chronic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. When Strychnia is desirable, use the following:—

R. Wheeler's Tissue Phosphates, one bottle; Liquor Strychnia, half fluid drachm.

M. In Dyspepsia with Constipation, all forms of Nerve Prostration and constitutions of *low vitality*.

**DOSE.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of **T. B. WHEELER, M.D., MONTREAL, CANADA**  
Put up in pound bottles, and sold by all Druggists at One Dollar.



# \$200 A MONTH

CAN BE MADE BY ENERGETIC SALESMEN WHO DEVOTE THEIR ATTENTION TO SELLING OUR SAFES



OUR new 80-page, finely illustrated Catalogue, will be mailed **free** to any address on application. Don't fail to write us at once and get into the field early.

We make a complete line of all sizes from **\$15 to \$300.**

All work strictly first-class.

Doctors especially are well suited to sell our Safes, as they can usually display them to good advantage. If you have no Safe of your own, write us at once for special proposition.

The **VICTOR** has now stood the test in over three hundred severe fires.

## The VICTOR Safe and Lock Co.,

CINCINNATI, OHIO.

COFFEYVILLE, KAN., April 30, 1892.

The Victor Safe and Lock Co., Cincinnati, Ohio:

GENTLEMEN,—My office and fixtures, with all my surgical instruments, were burned yesterday morning. It was a dreadfully hot fire, caused by the burning of five two-story and basement buildings, and the basement of this particular building was filled with liquors, which, as I say, made a hot fire. But my No. 4 Safe, which I purchased from you, fell from the second story into the basement, and with all that heat my books, papers, notes, etc., came out all right, contrary to the opinion expressed by many of my friends, that the Safe would surely be in the Victor. I am certainly well pleased with the result, and this test will be the means of your selling a great many Safes in our vicinity. We certainly can not recommend your company too highly. I shall need another Safe, and wish you would send your new Catalogue at once.

Yours truly,

W. C. HALL, M.D.

In answering advertisement mention this Journal.

## Bellevue Hospital Medical College.

**CITY OF NEW YORK.**

**SESSIONS OF 1894-95.**

The **REGULAR SESSION** begins on Monday, September 24, 1894, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

The **SPRING SESSION** consists of daily recitations, clinical lectures and exercises and didactic lectures on special subjects. This session begins March 25, 1895, and continues until the middle of June.

The **CARNEGIE LABORATORY** is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

For the annual Circular, giving requirements for graduation and other information, address

PROF. AUSTIN FLINT, SECRETARY,

Bellevue Hospital Medical College,

Foot of East 26th Street, New York City.

## Society of the Lying-in Hospital

OF THE CITY OF NEW YORK.

(Organized 1798.)

*Consulting Physicians.*

EDWARD W. LAMBERT, M.D.,      THOMAS M. MARKOW, M.D.  
WM. T. Lusk, M.D.,      WM. M. POLK, M.D.

*Attending Physicians.*

J. W. MARKOW, M.D.,      S. W. LAMBERT, M.D.  
J. CLIFTON EDGAR, M.D.,      H. McM. PAINTER, M.D.,  
AUSTIN FLINT, JR., M.D.

THE MIDWIFERY DISPENSARY has been absorbed by this institution. The number of deliveries during 1891, 955; during 1892, 2,070. The administrative building is in the most densely populated tenement-house district in the city. There are accommodations for twenty students, the regular term of instruction being two weeks, with six to fifteen deliveries for each student. Instruction is given during the entire year, and is open to practitioners of medicine and students who have attended one course of medical lectures. Students are admitted in the order in which their applications are received, or they may be assigned to special dates when practicable. While waiting they can attend the various hospital clinics, dispensaries, etc., in the city. All deliveries are strictly antiseptic, and all cases are attended at their houses as in private practice. Lodgings, instruments and medicines are furnished at the hospital during the two weeks' service, and certificates are issued to those who have performed the service satisfactorily. (Separate apartment for graduates.)

For further information apply to

**CHARLES FORD, Superintendent,**

**314 Broome St., New York City.**

Special instruction upon the manikin given by the attending-physicians.

## IN AFFILIATION WITH

FACULTY.

**PROFESSORS.**

195 Spadina Avenue.  
Professor of Practical and Analytical Chemistry.

Professor of Applied Anatomy and Senior Demonstrator  
of Anatomy.

**LECTURERS, DEMONSTRATORS, INSTRUCTORS AND ASSISTANTS.**

220 Sherbourne Street.  
Practical Pharmacy, etc.

Clinical Lecturer on Diseases of the Eye and Ear.

**W. B. GEIKIE, M.D.,** Dean, 52 Maitland Street.



# "H. V. C."

Hayden's Viburnum Compound.

Specially Recommended in the . . . .

## AILMENTS OF WOMEN

AND IN

## OBSTETRICAL PRACTICE

A Powerful ANTISPASMODIC, ANODYNE, NERVINE and UTERINE TONIC.

*Perfectly SAFE, PROMPT and RELIABLE, without Narcotics, Coal Tar Products, Depressants or other poisons, and may be given to a child without special caution. Superior to Ergot in all cases where indicated.*

"H. V. C." has now been in the hands of the Medical Profession **Twenty-six Years**, with the most decided success. It is prescribed and recommended by the majority of the most eminent physicians in the United States, and employed in the principal hospitals throughout the Union with satisfaction.

"H. V. C." excels in DYSMENORRHEA, MENORRHAGIA, THREATENED ABORTION, DANGEROUS FLOODING, PUERPERAL CONVULSIONS, SPASMS, TEDIOUS LABOR, INERTIA with a tendency to COLLAPSE, AFTER PAINS, and in cases of GREAT EMERGENCY. A remedy that may be employed HEROICALLY where indicated.

**REFERENCE.**—The great body of the medical profession.

For special directions, formulæ, reports of cases, and the endorsement of *five thousand physicians*, send us your address for our large hand-book—THEORY, PRACTICE and DEMONSTRATION—FREE.

Put up in 4 oz., 10 oz., and 16 oz. bottles, and dispensed by all reliable druggists. Write only for "H. V. C." and accept no other.

---

**THE NEW YORK PHARMACEUTICAL CO.,  
BEDFORD SPRINGS, MASS.**


---

A Vitalizing Tonic to the Reproductive System.

# SANMETTO

FOR

## GENITO-URINARY DISEASES.

 A Scientific Blending of True Santal and Saw Palmetto in a  
Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.

**POSITIVE MERIT AS A REBUILDER.**

Dose:—One teaspoonful four times a day.

**OD CHEM. CO., NEW YORK.**



# FAIRCHILD'S EXTRACTUM PANCREATIS

As a Solvent of Broken-down Ligamentous Tissue and  
Spicula of Dead Bone in the Abscess  
Cavity of Hip-joint Disease.

---

“ Dr. C. D. Jones, of Brooklyn, poured a solution of pancreatic extract (pancreatic extract, 2 dr.; water, 8 oz.) into the abscess cavity of a case of hip-joint disease one week after the operation of excision had been performed. He then wrote me as follows: ‘ The solution was allowed to remain in place half an hour, and the result was remarkable. Upon irrigation, I washed out numerous shreds of broken down ligamentous tissue, and many spicula of dead bone that had become embedded in the soft tissues that had previously escaped both irrigator and curette. The wound was then flushed out with hydrogen peroxide, and this treatment was followed by a marked improvement in the patient’s general condition.’ ”

*Excerpt from Dr. Morris’ paper in “N.Y. Medical Journal,” April 11th, 1891.*

*See Fairchild’s Hand-book of Digestive Ferments.*











SERIAL

P  
Med  
O  
v.2

Ontario medical journal

**GERSTS**



